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LIFE AND DEATH

LIFE AND DEATH

THE AUTOBIOGRAPHY
OF A SURGEON

by

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months pregnant) nursed him devotedly, but after a few days he died.

In the vestibule of the Cremona Hospital a grey marble tablet informs visitors to this day that doctor Giuseppe Majocchi died at the age of thirty-two, a martyr to the science and art to which he had dedicated his life.

He was buried in the little cemetery of his native town, and many were the laments uttered and the tears shed over his humble grave, for he had been greatly beloved, and his tragic end had profoundly grieved everyone in the district. Before his open grave promises from relatives were profuse, and they declared that if the poor children had lost one father, they had gained several; but unfortunately performance fell far short of promise.

One only of the mourners, as it happened, performed much more than had been expected of him; and he was, indeed, the only relative who had remained silent in the hour of anguish. My uncle Antonio remained mute because his heart had been too full for words, for Giuseppe had been more to him than a brother.

My father was one year younger than Antonio, but they had lived together in the same boarding-house at Lodi; had attended the same grammar school and later the same college, where they studied in the same class, the year's difference in their ages being more than nullified by my father's superior intelligence. He was precocious in all things, even in certain lively antipathies from which his elder brother's more seasoned prudence sometimes saved him. He was always good-tempered and transparently sincere, and sympathized with people generally. He was a favourite with the masters, and was always successful in examinations, even when he had not studied very hard.

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They went to the university at Pavia, where they slept in the same room and ate at the same table. Uncle Antonio, however, determined to study mathematics, while my father decided to adopt a medical career. Thus their professional paths diverged, but their fraternal affection remained as strong as ever.

And now my uncle's dear comrade in youthful joys and studies was dead, the victim of a ghastly accident, at thirty-two years of age! His poor children could not be abandoned. . . . The surviving brother's warm heart prompted a proposal: Antonio was engaged to a younger sister of my mother, and they hoped soon to get married. If the two families were united to dwell under one roof, the small nephew and niece would grow up under his eyes, and he would be able to help them.

The idea seemed not unworthy of the affection he had cherished for his dead brother, and he determined to speak to his betrothed; but when he was about to communicate his suggestion he was overcome with emotion; his big eyes grew bigger and filled with tears; he could not speak. But Aunt Giulia understood at once, and flung her arms round his neck. It was the first time she had ever done so.

She, too, had had the same idea. Maria should go with her, to advise and help her, and if she had children, Maria would assist in bringing them up. If not, there were the poor orphans needing care, and they should be reared together as their own children.

They resolved to place the projected plan before the widow.

My mother was in a state which it is no exaggeration to term desperate.

In four years of marriage she had borne two children

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and a third was on the way. She was now overwhelmed by the tragic death of her husband and harassed by the financial difficulties which were its inevitable sequel. As if this were not enough, the moment the funeral was over there were quarrels with relatives, jealousies, and other troubles to aggravate her five months' pregnancy.

But her chief concern was the children. How were they to be brought up? Whence could she obtain the means to ensure them a proper start in life?

In such perplexity my aunt's proposal seemed like a life-line to a drowning man, and was accepted with enthusiasm. So the two families were united.

It was not roses, roses all the way; neither was it so very thorny.

Our first dwelling in Milan was a modest domicile of seven rooms on the second floor of No. 7 Via Crocefisso. Whenever I pass that way I never fail to glance at the modest house wherein my early childhood was passed. In those rooms I grew from infantile receptiveness to the first conscious impressions of life. There clear memory emerged, for I have only the dimmest recollections of happenings of life before my father's death. But how sweet it is to recall those first faint memories, now that more than fifty years have come and gone!

The most gentle and dearest personality that emerges from the mist of years is, of course, my mother. How beautiful I thought her! There was no one like her in all the world. And she was so clever, too! How sweetly she sang, for instance! Whenever she hummed one of the tuneful airs of Verdi or Rossini to soothe my brother to sleep, I would creep towards the darkened room and listen

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in ecstasy behind the door. I would wait to kiss her hand when she came out.

My mother was keenly appreciative of artistic creations and possessed a wonderful memory. While busy in the kitchen (for she, alas! had to prepare the meals) she would repeat in a low voice whole cantos of Dante or of Tasso, the poems of Foscolo, of Leopardi, and of Parini. And I would stand there, listening entranced and hearing for the first time of Farinata of Uberti and Godfrey of Bouillon.

But nothing pleased me more than to sit on a stool at my mother's feet when she was cooking. Then she would tell me stories, and as there were many things I did not understand, I would often put startling questions arising out of the perplexing ideas that were simmering in my head.

"Mamma, why are we born and come into the world?"

"We are here because God created us."

"And why has He created us?"

"He has created us so that we may know Him, love Him, and serve Him in this life, in order to enjoy life hereafter."

I looked a little doubtful, and then inquired:

"But why can't we enjoy life in this world?"

A look of melancholy stole over her face as she caressed me and said:

"Poor child! There can be no happiness in this world."

I looked into her eyes and understood how sad she must feel, because Papa had gone for ever and she was left alone; but, I thought instantly, I would be her companion and comforter, and when I grew up I would cherish and care for her. I felt that this was my duty, I must do this at all costs: it must become the aim and object of my life.

As time went by there were changes in the dual family. Aunt Giulietta had had her first baby, a girl, who was called

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Giacinta. Everybody was delighted, especially Uncle Antonio, and there was even more satisfaction the following year, when a boy was born. He was named Achille. Another boy, Carlo, came the following year, when the joy was perceptibly diminished.

After Carlo—always at yearly intervals—came Pia, Maria, Giuseppina, Emilio, Gigi. My aunt was in despair. At the commencement of each pregnancy she had severe nervous attacks and suffered acutely. Uncle opened his eyes a little wider . . . but kept his peace. Silently he endeavoured to increase his activities and his income. He rose with the lark and went to his office. In the evening he would bring home bulky ledgers and work, work, work, until the early hours of the morning. I would sometimes watch him during this silent labour and even to-day I cannot recall the scene without a feeling of painful compassion.

Our large family now numbered ten children, and from the little flat in the via Crocefisso we had been obliged to move to a larger dwelling, situated at No. 16 Via Barnaba, just behind the Central Hospital.

I was the eldest of the numerous company, and was a big boy for my age. My studies were a delightful pastime. Before I was fifteen I had left preparatory school, and the opinions of the masters had encouraged me to form some of those hopes for the future which are dear to the day-dreams of youth.

My poor mother was proud of me, but, in Heaven's name, how was I to continue my studies with the scanty means at our disposal? Good Uncle Antonio, already staggering under so many burdens, certainly could not undertake another liability. The other relations, on both

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sides, were lavish of fine words of encouragement, but little or nothing in the shape of material aid was forthcoming from them. I decided to compete for a bursary offered by the *Congregazione di Carità*, and was successful. The grant amounted to a few hundred lire per annum, which was sufficient to balance the domestic budget.

Without this modest grant it would have been impossible to proceed with my studies.

My mother hailed this unexpected assistance as a gift from God. It was a reward for her sacrifices, some compensation for her privations. The grant would enable me to go to college. . . . and after that Providence would find a way; for she believed in Providence, which had been so far her support, thus giving her strength to fight despair.

Poor mother! When I think of her sacrificing spirit, of her strength of mind, of her self-abnegation, a feeling of melting tenderness comes over me.

She was young and beautiful, lively and cultured, and had every right to a comfortable and spacious life. Instead of which, she lived only for her children, and devoted herself to our welfare.

We looked upon her as a living incarnation of goodness; she was our guide and preserver, and even to-day, after she has been dead so long—to-day when I am grey-haired and of ripe experience—I remember her advice and her faith, striving to follow the path which she traced for me.

And often in moments of stress and strain, when I tossed on my bed during sleepless nights, and shrank from facing some serious problem of life, or feared I was wandering in a maze of doubt and knew not what decision to make, I would involuntarily call upon my mother.

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Exemption from fees, combined with the grant, enabled me to go to college.

What an honour I then thought it to be a college boy! And how superior I felt to my brother and sister and my cousins. I can say with all sincerity that pride entered less into this feeling than desire to learn and the love of knowledge. I soon left childhood behind me and became conscious of intellectual growth.

Of course, I did not take to all the subjects with equal zest. Mathematics, for instance, was never congenial to me. I recognized its value and importance well enough, but I could never concentrate upon its study without suffering from nervous strain.

I was better pleased to follow the courses in classical literature. I liked physics most among the sciences, but wearied somewhat when we passed from the simple observation of phenomena to calculations in terms of abstruse mathematical formulae. Chemistry, too, appealed to me. All the so-called natural history sciences interested me, but what I revelled in was the study of the structure of the human framework and the functions of its various organs. It seemed to me that Nature had achieved her masterpiece in the organism of man, and that by studying the various organs, their functions and their relationships, man could best reach self-knowledge and an understanding of the *nosce te ipsum*, which is the beginning of all wisdom.

Although it may seem a strange confession to make nowadays, what attracted me more than any other subject was philosophy. In Angelo Brofferio, who is almost forgotten to-day, I had been fortunate enough to meet a great

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master, and I can still remember the zest with which I followed his arguments, the discussions we engaged in, especially when we touched on such lofty topics as free will, the immortality of the soul, and the existence of God.

My companions liked to poke fun at me for my absorption in such subjects and my fondness for living in the clouds, and they assured me that a passion for philosophy was incompatible with success in life. However this may be, I firmly believe that the habits of philosophical speculation formed in these years profoundly influenced my attitude towards life and shaped the convictions in which I have never wavered.

College studies absorbed a large part, but not the whole of my energy. What leisure was left me I devoted to secondary pursuits, especially music and foreign languages.

Music, I may say, was a veritable passion with me. Even as a child I was entranced when my mother sang the airs of Verdi and Rossini, but my cup of joy overflowed in the holidays when I could sit near the organ in the country church during the celebration of Mass.

The organist was also the village schoolmaster. He was a man of fine intelligence who, had he been born in another sphere, might have gone far, but in the isolation of Villavescio, a hamlet in Bassa Lodigiana, he was obliged to turn his hand to anything in order to live and bring up, by some means or another, his ten or twelve children. The post he found most congenial was that of organist in the village church, and he performed his duties with a zest and a zeal which more than compensated for his technical shortcomings.

I recall how he would improvise the sweetest melodies on the organ to accompany the services. At the elevation

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of the Host he used to pay the "Casta Diva" from *Norma* on the *vox humana*, and to my boyish heart such music seemed so sublime and so fitting that only in Paradise could its like be heard. When Mass was over and the congregation began to move from the lofty nave towards the church door, he would open all the stops for a final triumphant outburst, and one would hear the march from *Aida* or *Joan of Arc*, and then the whole building would quiver with jubilation.

Ah! It was like a divine manifestation! The magic and mystery of it penetrated to my innermost being and suffused me in an effable sweetness. I would descend from the choir gallery in a trance, and in a dream follow the organist home, asking him when he would be practising at the piano, so that I could listen again.

I have called it a piano, but in reality it was a miserable spinet, which vibrated loudly whenever the organist plunged into one of his favourite scores. Then the little room would be filled with myriads of notes, which overflowed into the peaceful lanes of the quiet village.

One day, when I was in a mood of open admiration, he looked at me with moist eyes and said:

"Listen, Andreino, you're a fine lad" (I could not have been more than eleven at the time), "and have a sensitive nature. Remember that music elevates the soul. Do not neglect it in your education. I will try and persuade your mother to let you take music lessons."

He was as good as his word, but my mother answered that she lacked sufficient means for necessary things, let alone luxuries.

Although my poor mother was obstinate, I could be obstinate too. I reminded her of a savings-bank book,

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which showed 95 lire to my credit, made up of small presents from my grandmother and other relatives. My mother possessed the book, but the money was mine, and I insisted upon having the money in order to buy a piano.

A piano for 95 lire! It sounds ridiculous to-day, but above a doorway in the Via Campo Lodigiano I had seen a notice advertising an upright piano for 100 lire. I was 5 lire short of the purchase price, but I managed to rake these up from somewhere. On a fine winter afternoon the ramshackle instrument bumped up the stairs and was planted in my bedroom.

Uncle Antonio and Aunt Giulia looked at one another and then broke into peals of mocking laughter, which left me almost speechless with annoyance. They nicknamed my poor old piano "the wooden dromedary."

A few months later, when I displayed my prowess with scales and arpeggios, they were more respectful. A good-natured lady whom we knew initiated me into Czerny and the sonatinas of Clementi. A year later I tried my hand with Beethoven's minor works and Mozart's sonatas. And for many years to come my noisy dromedary proved a very faithful friend. Into the squeaky instrument I poured my joys and sorrows, confided my enthusiasms and my dreams.

I parted regretfully with my old friend after I passed my examinations, when my first small earnings enabled me to buy a handsome grand piano, which stands in my music-room to-day.

After music, I was keen on foreign languages.

At that time neither colleges nor schools set out to teach such subjects, so I was obliged to pick up this knowledge as best I could.

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Why I should have been consumed with a burning desire to learn foreign languages is more than I can say. Perhaps I divined in them a means of escape from the trammels of our culture and traditions. Moreover, I badly wanted to see the world, and it seemed that to learn foreign languages was the first practical step I could take.

My knowledge of foreign languages proved to be extremely valuable to me in my medical studies and practice as a doctor, but this I did not foresee at the time. At first my linguistic studies were merely entertaining hobbies.

I started with English. Among the friends of the family was an old missionary who had returned from the United States. He had worked for many years in Nashville, Tennessee, where his kindness of heart and untiring devotion had made him universally respected. To this remote place he had gone in the old pioneering days, and his efforts had materially assisted the growth of civilized conditions.

He loved America as a man loves the scenes of his early days. Ill health and advancing years forced him to return to Milan, where he continued to read English books and periodicals. He asked nothing better than an opportunity to teach the language to a young enthusiast. He desired no fee for his lessons, and as I devoted all my free time to the subject it was not long before I had acquired a working knowledge of English.

I was so proud of my achievement that I resolved to give lessons in English myself. I remember my first pupil was a good friend of mine who had just returned from Germany, where he had been studying weaving. He knew German perfectly, and told me that he wanted to learn English. "Very well, then, I will teach you English and you can teach me German."

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And so it was arranged, the only difference being that I learned German like a house on fire, while poor Silvio picked up hardly any English at all. Whether it was the fault of the professor or the student I cannot say, but after a few months he decided that he could succeed without knowing English, while my desire to master German was stronger than ever. I was already planning a trip through Germany.

Germany! It was a name to conjure with in those days. All good things came out of Germany; in the arts and sciences she reigned supreme. The star of Wagner was in the ascendant. The concert halls played Beethoven, Schubert, Mendelssohn, and Brahms.

We all regarded Germany as a prosperous and happy land, whose eminence in the arts of civilization was indisputable. But whence could I procure the funds for the two months' holiday needed to polish my German? My fame as a teacher of English had spread abroad, and I secured as many pupils as I wanted. One of them was the cashier of the local savings bank, whose main ambition was to read Darwin in the original.

By this means I scraped together three hundred lire in the course of a year, which in those days was sufficient to make my dreams come true. I confided my plans to my mother, whose face fell at the prospect of my departure. When I packed my case and kissed her good-bye, the tears streamed down her cheeks. A spectator would have thought I was bound for the other side of the world, instead of going to Munich, in Bavaria, but it was the first time I was going out into the world alone.

If only one could live again the golden days of youth! I was twenty years old, I travelled light, I had three hundred

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lire, and I was happy. I intended to stay away until all my money was spent.

I enjoyed every moment of the journey and gazed the whole time out of the window of the train at the magnificent panorama of the Tyrol, as we dashed towards the Bavarian frontier.

When I got out of the train at Munich station a lady came up to me and inquired: "*Sind Sie Italiener?*"

Such insight left me speechless, and I merely nodded my head. Before I could ask how she knew my nationality she had offered me board and lodging at her house for ninety lire a month. The price being well within my means I accepted without hesitation. The lady then conducted me to the Pension Concordia, in the Luitpoldstrasse No. 10. Her name was Frau Fenzl, she told me. Her boarding-house was very select, but she was sure I would be comfortable, as many of my countrymen had stayed with her. In due course we reached the Pension Concordia, which I thought was a neat and attractive establishment. I had a large room of noble proportions. We ate our *mittagessen* in the dining-room, but *Abendessen* was served in the spacious kitchen, with its flagstones and plastered walls that shone like a mirror.

I made the acquaintance of Anna, the buxom maid, and during my first meal was introduced to the other visitors. My German lessons stood me in good stead, as no one understood Italian. Fräulein Horowitz, who managed a milliner's shop, was a lively rattle of a woman. Fräulein Renier (whose real name I never knew) was an actress in the Deutsches Theatre. She was not pretty, but she had a well-stored mind. Then there was Herr Scholtz, who had a big florist's shop in the Karlsplatz, and several young men

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engaged in business. No students were staying in the house, probably because it was vacation time.

Everybody was as affable as could be, and I was more than delighted. I wanted nothing better than to talk nineteen to the dozen for the sake of my German. I planned my day so as to begin by escorting Fräulein Horowitz to her shop. When I returned to the *pension* I would find Fräulein Renier ready to walk with me to the Deutsches Theatre to attend rehearsal, while my final call was at the Scholtz flower-shop in the Karlsplatz, where I would linger chatting to the assistants. On Sundays the visitors would all go into the country. We had pleasant strolls along the banks of the Isar, in Nymphenburg Park, or by the shores of Starnberg Lake. The company was congenial, and the places more delightful still. I was enchanted with Munich's broad streets and beautiful vistas, gardens, and museums.

Alas, that these halcyon days ended all too soon. Before the second month was over my three hundred lire were spent and all that was left was my return ticket. I pretended that urgent family business called me home.

They were more than sorry to lose me. I had been popular with them all, and was called "das Kind der Pension," because I was the youngest there, and everyone had been exceedingly kind to me. They gave me a farewell supper at the Munich Café, and made me promise to return.

I fully intended to come back, as the six weeks had been brimful with happiness. I thought Germany a splendid country, and Munich a trim and smiling city. With tears in my eyes I surveyed the pinnacles of the cathedral for the last time, and made a vow that I would return as soon as I was in a position to do so.

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Thirteen years later I returned and was deeply disappointed.

In 1909 I found myself in Berlin, and when the time came to return to Italy I suddenly remembered the vow of my youth. I chose the route over the Brenner Pass, and arranged to remain three days in Munich. When I left the train at the same Central station I was highly excited at the prospect of plunging through familiar streets, revisiting the jolly boarding-house, and perhaps meeting some of my old friends.

I made my way immediately to the Luitpoldstrasse.

But the city did not appear so fresh, so charming, so gay as of yore. Perhaps it suffered contrast with Berlin. I hurried to reach the Pension Concordia and received a slight shock. Was this the house I used to admire so much? It seemed a shabby and much less imposing place. The paint was dirty, the stonework was cracked, and there were ugly stains on the door.

I rang the bell and the landlady herself answered the door. But how old and ugly Frau Fenzl had become!

Of course, she did not know who I was. When I told her my name she exclaimed, "Ach! Herr Majocchi, das Kind der Pension! How changed you are!"

And my old friends, Fräulein Horowitz, Fraulein Renier, Scholtz, and Anna were no longer there!

Miss Horowitz had gone to Vienna and died there. Miss Renier had retired after suffering disappointments in her profession. Scholtz had lost money in his florist's business, which he had finally closed down, and was vegetating somewhere in the country.

The buxom and bouncing Anna, she, too, had come to a bad end.

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I looked into my old bedroom, glanced into the dining-room, and peered into the kitchen. How true it is that the appearance of the world changes with the changing pattern of our lives.

As in a dream I walked slowly through the streets to the Central station, where I boarded the first train for Italy, and when I glimpsed once again the towers and pinnacles of Munich's theatre and cathedral I could hardly repress a sigh that was nearly a sob. Better far had I not returned!

O mein altes Heidelberg!

Farewell—Youth!

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CHAPTER I

FAREWELL, YOUTH

*Hang there like fruit, my soul,
Till the tree dies.*

TENNYSON

IT WAS A REAL JOY TO SECURE MY CERTIFICATE WITHOUT having to pass examinations; but it was short-lived, as I was under the necessity of choosing a career without delay. The choice is a very difficult one for a young man: the most serious in all his life. I did not know to what to make my vows. I never took kindly to mathematics, else I might have become an engineer. The law was out of the question for a young fellow with my meagre resources. There remained teaching or medicine. My mother's secret preference was for the former. She assured me that I had a gift for teaching, while medicine always reminded her of my father's tragic end. His last injunction was not to make the boy a doctor. My uncle, on the other hand, urged me to take up medicine. It would mean six long years at the university, but I still had the educational grant, which would be continued until I finished my studies.

"Moreover," Uncle Antonio added, "it is the only profession in which you start earning at once. You are bound to secure an official post." I confess the prospect did not please me, but my uncle's practical arguments carried the day, and I decided to become a doctor.

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A sick person to a physician is what the altar is to a priest. He becomes the subject of all his solicitude. No longer is he a mere specimen for scientific investigation. He represents a practical problem to be solved immediately by the exertion of all one's moral and intellectual faculties.

A medical student does not realize the nobility of his calling until he comes into actual contact with the sick. Whenever I entered a clinic I felt as if I were entering a temple, a sacred edifice. But among the university clinics it was the surgical clinic that impressed me most. In my time it was in charge of Enrico Bottini, a scientist who was truly great.

He was accustomed to lecture in a vast amphitheatre attached to the old hospital of St. Matthew, an amphitheatre which then appealed to me as something that was majestic and imposing. His lectures were attended not only by medical students but also by the students of other subjects who were attracted by the almost legendary figure and resounding fame of the brilliant expositor. The benches were always crowded, and there was ever an atmosphere of tense expectation.

You could hear a pin drop when, on the stroke of the hour, the doors were flung open and Professor Bottini entered the hall at the head of a small procession. No monarch could have advanced with greater dignity. There was more than a suggestion of the fighter in his bearing. He was a vigorous old man, with a leonine head, the eyes of an eagle, and square, massive chin. There was a touch of the theatrical in his gestures (whether natural or studied I never knew) which never failed to captivate his audience. In no other lectures were the students nearly so well behaved. This giant alone made us feel like pigmies, and

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we hung on his every word. It seemed as if the same thought had flashed through the mind of every student present: *Quis ut deus?* And then the god would begin his lecture over the poor patient, who was shrinking under the clothes of his hospital-cot until he almost vanished.

These surgical discourses were frequently sprinkled with biting sarcasm. The master was well stored with wit, and whoever attracted his attention was exposed to merciless chaff or a rain of argumentative blows. At one time or another everyone, students and patients, colleagues and assistants, felt the sharp edge of his satirical tongue.

After the lecture operations were performed in the same theatre. The *suite* retired for a short time, in order to be disinfected, while nurses prepared the patient and an assistant administered the anaesthetic.

A quarter of an hour later operator and entourage reappeared, but this time arrayed as for battle, in white uniforms, carrying instruments of flashing steel, and bringing an atmosphere of disinfectants and narcotics. The audience craned their necks from the packed seats; the sense of expectation was painful to experience and a number of students turned pale. But these were the neophytes of surgery; some even stole softly away.

But here is the magician, imposing and self-confident. He is the master of the situation. Knife in hand, he seems to be awaiting his moment. At length the patient is put to sleep and the knife cuts into the flesh. Blood spurts, but the operator remains unmoved. His hands work swiftly, almost like those of a conjurer; they seem to be intertwined with the hands of his assistants, although (to quote the master himself) there is an astronomical distance between them.

In the twinkling of an eye the tumour would be dis-

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covered and removed, the cavity closed, stitches put in the flesh, and the operation complete.

A sigh of relief would ascend from the packed audience, followed after a brief interval by loud cheering. This was Bottini's happiest moment, the mark of his students' enthusiastic admiration, the ovation accorded to a victorious gladiator.

Oh! If only I could one day attain those heights! If only I could one day attract such a throng, hanging on my every word. If only I could operate so skilfully!

He seemed to me a superhuman, an almost divine figure. The being who did all this was more than a man, he was a Titan! And I would leave the amphitheatre like one in a trance, the words of the master still ringing in my ears:

Surgery, the science and art divine.

Another star shone in the university firmament at that time who also awakened my admiration. Luigi Mangiagalli was less dramatic than Bottini, and was also much younger. He was by no means so brilliant, but possessed more solid learning.

His clinic was situated on the opposite side of the same building, and dealt with obstetrical and gynaecological cases. Although this was perhaps the most important department of surgery, Mangiagalli took all medical science as his province.

The lectures were held in a fine amphitheatre about the same size as Bottini's, the only difference being that no operations were conducted there. Mangiagalli was more up-to-date, and preferred to perform his operations in another place, where every precaution could be taken against the

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danger of septic poisoning. Students who desired to witness his operations were thoroughly disinfected, and were only admitted one by one.

Mangiagalli's clinical addresses were magnificent. There is no other term for it. They were not adorned with rhetorical flourishes. His diction was plain and simple, but the exposition of his views was clear and concise. There was not a word that did not relate to strictly medical matters. There were no brilliant digressions, but the lectures were models of lucidity. Of eloquence, as that term is usually interpreted, there was none, but there was a charm of its own about the orderly and logical presentation of thought which banished distraction and compelled the listener to follow the speaker's chain of reasoning to the very end. His versatility was no less remarkable than the cogency of his exposition.

Bottini was the magician, I had almost said the manipulator of the surgeon's art; Mangiagalli was its accomplished practitioner. He was a born logician and an inspired teacher. Moreover, the orb of the former was setting, whereas the latter's star was rising in the sky.

Rovani relates in the *Youth of Julius Caesar* how the great dictator told Pompey's friend that man more readily worships the rising than the setting sun. It is not surprising, therefore, that I was strongly attracted by Mangiagalli, although he taught a special branch of surgery, instead of the general art of surgery to which I had so ardently aspired.

In my fifth year I applied to enter his clinic as an interne, and henceforward all my time was given up to study.

So absolute was my devotion to the Institute that I became almost a recluse, and my mother decided to bring

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all our family to Pavia, so that they might see me occasionally.

But my sacrifices were not in vain.

The obstetric clinic of Pavia under Mangiagalli's direction was famous for the excellence of its equipment and the scientific character of its methods. The latest inventions and discoveries were tested there, either in the laboratory or in the operating chamber.

In order to obtain these results Mangiagalli had trained a band of first-class assistants. It was a real school of giants; a nursery of talented men, each of whom displayed ability of a high order. And that school would be renowned to-day if death had not been so busy in its ranks.

Of that distinguished group there are few survivors now, but those who remain are in the front rank of Italian gynaecologists, such as Clivio of Genoa, Ferroni of Florence, Alfieri of Milan, and Bertino of Padua. Resinelli, the greatest of all, died soon after becoming professor in Florence, while Tridondani did not live long at Cagliari. My close friend Costa died at an early age soon after receiving his first appointment in the Novara Maternity Hospital.

These were the men who surrounded Mangiagalli during my internship in the Pavia clinic. I could not help revering these gifted men, who pointed the way which I must follow, and of whom I might have said, with Goethe:

Dahin! dahin!

*Möcht ich mit dir, o mein Geliebter, ziehn. . . .*¹

The six years at the university had passed; I had sat for my examinations, and my student life was finished. I had

¹ "Thither would I follow thee, beloved."

Farewell, Youth

written my doctoral thesis on the subject of tubal pregnancy, and nothing remained but to comply with the formalities.

My comrades were absorbed in their studies and apprehensive about their success. The gay and thoughtless youths of a few years since had become sober men intent on their professional future.

What had the coming days in store for us? Work, worries, and fatigue, without doubt. Physicians of eminence would emerge from our ranks, although most of us would remain obscure but not less serviceable on that account and nearer perhaps to human pain. For the present, however, we were all equals, and gathered round the table in the same free and easy manner as in the old theatre of anatomy.

We were to have our last meal together. On a warm June evening we assembled in the arbour of the old inn of San Lanfranco on the banks of the Ticino. The inn was a favourite resort of all Pavia students.

From a height we could look down upon the winding river for almost the whole length of its course. All our boating parties made for this spot, with its picturesque woods, the scene of many delightful walks, of which we should ever retain the tenderest remembrance.

We were in holiday garb, as befitted the occasion, but the holiday spirit was scarcely in evidence. Not until we had tossed off a few glasses of the excellent wine of Casteggio and Broni did we begin to resemble the young sparks the landlord knew so well. Then our friend Casnigo made a farewell speech, and after some lighthearted toasts our feelings found vent in shouts of loyal affection.

Yes, we were all fond of each other, and vowed eternal friendship. We decided to meet every five years, and when we celebrated our silver jubilee as doctors, which would

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be twenty-five years later, to gather once again in the wine harbour of San Lanfranco, fragrant with the scent of flowers, amid those verdant woods and babbling brooks which had been the scene of our youthful frolics.

What a glorious thing to be alive!

And, in fact, twenty-five years after we had our reunion in the same harbour. Then, as previously, it was a perfect June day. The place had not changed at all, the flowers looked the same as they seemed long before in the bright sunshine. In order to restore the illusion of old times, we decided to row up the river in a convoy of boats to the landing-stage. But if the old country inn had not changed, how different were the guests!

Alas! that so many failed to answer the roll-call!

Of the seventy there remained but forty-five. A few had been detained at the last moment by urgent business, but a good twenty were dead, among them some who had gained fame and honour and given promise of greater things to come. Good old Negri had departed after discovering the microbe of rabies. We missed Moreschi, who had been celebrated beyond Italy for his brilliant achievement in complement deviation. One had been the victim of a professional mishap; another had succumbed to war wounds. So when the roll-call came and we realized how many were absent, a cloud gathered over the assembly which had determined to be merry at all costs. We had lost twenty comrades in twenty-five years. It was too tragic. And we survivors scarcely recognized one another. The gay youths had become sober and seasoned men. Raven locks had turned grey or white. Some of us were bald, bent, and wrinkled. Arduous toil, the struggle for existence, and professional cares had left their marks on most of us.

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Moreover, fortune had used us all so differently. We, who used to be comrades and equals, now hardly recognized each other. Bronzed and rustic, dressed in ill-fitting clothes made by a country tailor, some looked like typical rural dwellers. One man eked out a scanty existence as a country doctor, while another was stranded in an isolated mountain hamlet, with only the priest and the chemist for company.

On this grand occasion they had emerged from their retreats to greet the friends of long ago. And when they saw them, how they stared! "How old he looks! . . . How grave he is, who was once so gay! What a dandy Pasini has become! Didn't you know, he's a professor at Milan University! Well, he deserves it! And old Besta, he's a professor, too. . . ."

Somewhat sadly they discussed the vicissitudes of a career which had started level for all of us in our student days. Some had acquired professional gravity with the distinction of a physician accustomed to move in high society. They looked like men who charged big fees and maintained a fine establishment. Others were broken and disheartened.

The time came to sit down to table. The friends of yore are seated together. Once more the generous wines of Casteggio and of Broni warm the cockles of the heart and loosen tongues. We all have so much to say to each other.

Many of us have married and have grown-up children who are already at the university themselves. And those children, how extravagant and snobbish they are! The thrifty life we led won't do for them at all. We used to be contented with a ramble in the hills, or a game of bowls, or a bicycle ride. But they are always talking of tennis, ski-ing, and motor-cars, and they never have sufficient money to provide their pleasures. Still, they are sturdy and

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strong. They live healthier lives and drink less than their fathers did at *The Three Lies* or *The Golden Lion*.

But what's all this excitement about?

Our old friend Casnigo is on his feet, and once more he makes as humorous a speech as one could desire. This time he even distributes commemorative medals. For most of us the medals are of silver, but there are gold medals for the four or five who have scaled the pinnacles of the profession.

When the champagne flows, the fun is at its height, and we have almost become students again.

Finally, the chairman invites us to another reunion on the thirtieth anniversary, and woe betide all absentees.

The thirtieth anniversary duly arrived, but no meeting was held. My old friend Casnigo, who had been the life and soul of all our university gatherings, and who had invited us all with such insistence to this reunion, was lying on his death-bed.

He had contracted a dangerous fever, and after two months of terrible suffering he expired.

I looked on the old familiar face for the last time, the face which used to be so bright and cheerful but was now set in the solemn rigidity of death. I followed the remains to their last resting-place, and when the coffin was lowered into the grave I felt as if I had buried the last relic of my youth and that every memory of early days had vanished.

Since that day none of us has ever suggested another reunion . . . and probably none will ever again be held.

CHAPTER II

STRUGGLE FOR EXISTENCE

*Never give up, it is wiser and better
Always to hope than once to despair!*

TUPPER: *Ballads and Poems*

HAPPY IS THE SUCCESSFUL STUDENT WHO RETURNS TO A
wealthy family!

*o giorni
Vezzosi, inerarrabili; allor quando
Al rapito mortal primieramente
Sorridon le donzelle: a gara intorno
Ogni cosa sorride: invidia tace
Non desta ancora' ovver benigna: e quasi
(Inusitata meraviglia) il mondo
La destra soccorrevole gli porge!*

In these words Leopardi describes the triumphant return to the paternal roof. "Ah, who can recall without a sigh, those days of ineffable charm, when for the first time maidens smile on enraptured youth, when everyone appears benevolent and delightful and most amazing, everyone seems to offer a helping hand." No longer a fledgling student, he is a qualified doctor. Proudly he has received, in the name of the king, the diploma *in utroque*, in medicine and surgery. Proudly his mother, smiling through her tears, kisses him with respect, but also triumphantly: then she presents him with a wonderful watch, golden and set with jewels and engraved with his monogram. Brothers and

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sisters gaze at him: hero-worship is in their glances. His father steps forward with sparkling eyes and says: Well done! Emotion and manly reticence forbid further speech, but he grips his son's hand, leaving therein a *fortunatus* purse bursting with new bank-notes.

His mother orders a reprint of her visiting-cards, and calls on her widest circle of friends. She can scarcely restrain her pride and joy. She must make a public display of her happiness.

"Oh, my dear doctor," she burbles to her friends, "he has altered. He is now so serious, so sympathetic. How clever he is! Who can tell how far he may climb? He has a great career before him! . . ."

Naturally, they all wish to see her dear doctor, to admire and to rejoice with him. Not intimate friends only, who have known him from boyhood, but even chance acquaintances near and far. Charming mothers, accompanied by still more charming daughters, come to visit his mother, prepared with compliments and anxious also to estimate the chances of the handsome . . . I mean, good young doctor whose future is so rosy.

Tremulous with happiness, his mother constantly talks of him, extolling his virtues and accomplishments and recommending him to rich and desirable patients. Sheltered though she may be, she realizes that judicious advertisement publicity counts, even in the medical profession, and she launches him on the lucrative tide of success. The young doctor, incredible though it may seem, has patients immediately, particularly ladies. But his father adopts a critical and non-committal attitude. His son is not in urgent need of money: he is not constrained to build up a practice immediately. No. He would rather he became a specialist.

Struggle for Existence

But in what shall he specialize? No one has any clear conception, but what does that matter? A specialist—that's the thing. And as Italy simply knows nothing of specialized medicine or surgery, he must study abroad. When he comes home, after a delightful and instructive sojourn in foreign universities and clinics, his father will rent a luxurious consulting-room in the best quarter of the town. He will have a staff in uniform, an assistant in white linen, the latest X-ray appliances: all that a doctor need sigh for.

Meanwhile, the erstwhile student smiles approvingly on his mother's goodwill and his father's joyful participation in ambitious plans. He need have no worry for the future—he *knows* that. In leisurely security he can select the special branch of medical science that attracts him most.

This decided upon, he will also with tranquillity choose the foreign cities which offer the finest facilities for the study of his subject and learned profession, one that will enable him to alleviate human suffering and pain—and one that should not be unluccrative.

But with graduates who are not favoured with influential friends and financial resources—ah! that is another story. And that story was mine.

I decided to begin my career in Milan and, with my family, rented a five-room dwelling in the Via Santa Sofia, on the banks of the Naviglio. I was rich in diplomas, felicitations, and congratulations—and hope—but little else; my scholarship fees from the Congregazione di Carità having ended at the close of my academic course.

The flat was entirely unsuitable for a doctor. The five rooms were all in a row, each opening into the other. The

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first room, divided by a partition, served as a kitchen and a dining-room; the next, an inconvenient, awkward little cubicle, was my consulting-room, and then came two bedrooms, one for my mother and the other for my brother and myself.

The reception of patients was a knotty problem, for the only way to enter the surgery was through the family dining-room. We decided to solve the difficulty by fixing the hours for consultation and meal time so that the dining-room should become a temporary waiting-room while the family would remain self-immured in their bedrooms until released.

We might have turned our ingenuity to a better account, for no patients appeared. Dreams of a large practice melted into thin air: hope fluttered her wings: my mother and I exchanged understanding but almost despairing glances. This meant that I must do something—and that without delay. I began to scan the "Positions Vacant" column of the medical journals and in due course discovered that the post of parish doctor for Rozzano, on the Naviglio, was vacant. Without further ado I called at the municipal buildings with my diplomas and certificates ready for inspection, to be greeted with the information that I was the eighty-first applicant; my chances of success were practically non-existent. In any case, the secretary, though plainly impressed by the commendatory remarks on my diplomas, was not at all taken by my youthful appearance, and although he glanced at me compassionately and made various cursory inquiries, I realized that I had no chance of obtaining the post. I recovered my papers and returned home, feeling bitterly disappointed. Why had I devoted all my energies to complete my studies at the earliest

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moment? Who wanted to make use of my knowledge, in any case? I plunged into the depths of despair.

I recall this first professional set-back and can now afford to smile. I might have become the parish doctor at Rozzano; I might have become bronzed by the sun, flushed by the wine—and have vegetated, nay, even rotted, in the midst of its rank exuberance of verdant meadow and flooded rice-fields.

The wheel of fate had turned in my favour, but I did not realize this then.

My mother's gentle sympathy consoled me. Even though a miserable country parish would have none of me, we would make a fight. My mother's brother, Emilio, was a physician practising in San Gottardo, a suburb of Milan. He would aid me. I had admired, even envied him, for a long time; and truly he was in an enviable position. He had an official post with the Milan municipality, with a regular salary, and a considerable private practice of well-to-do patients. His income was ample.

There was, of course, a reverse side to the medal. There was no relaxation or intermission in his labours; even his night's rest was frequently disturbed; one of the conditions of the Milan board being that the doctor must sleep at the dispensary. I had become acutely aware of this aspect of my uncle's life when I had deputized for him at vacation periods.

The assistants were paid six lire a day and they had to sleep at the dispensary.

However, I went to assist my uncle, and in his absence lived in his house, deriving a glow of pleasure from the electric bell above the bed, and even greater enjoyment from the general duties attaching to the position of *locum*

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tenens, albeit these were performed in an obscure little suburb; I felt like a monarch, holding the power of life and death within my hands.

Each morning I would call at the chemist's shop and obtain my visiting list, which might contain twenty or thirty names, sometimes more.

"Good Lord," I thought the first time I scanned the list, "how can Uncle make all these calls in one morning?"

I recollected that the famous Professor Forlanini, at the university, considered a week quite adequate time in which to study a case, although occasionally he required longer. My opinion of Uncle Emilio rose higher. He must be a most capable physician. In any case, he must possess legs of steel! The hardest part of the daily round was not the professional visit itself, but the constant climbing up and down the endless stairs of the poor tenements which often enough ended in a dark, wretched attic into which the sun rarely crept but from which indescribable odours certainly emerged.

I calculated that all these perambulations would, if added together, equal in mileage and gradient a stiff Alpine ascent. Occasionally I would joke with the chemist about these infernal climbs. He assured me, however, that my uncle, being strong and wiry, did visit every patient on his lists. But there was another local doctor whose difficulties puzzled me greatly. He was as plump and round as a full moon, and weighed as much as an elephant. Did he climb those stairs? Oh, no! He would demand to have the patient's symptoms reported to him, and sometimes would order the patient to show his tongue through the window, when, the patient nearly falling out of a fourth-floor casement, doctor examining tongue with great care from the courtyard, he

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would come to a decision and in due course prescribe, leaving the prescription with the caretaker, and then continue his very remarkable round.

All these Alpine activities induced a healthy appetite, and I returned home at midday as hungry as a hunter. But as I had to be at the infirmary at one o'clock, I had little time for lunch. And there, in a dingy little waiting-room in the town hall, I had to minister to a crowd of forty to fifty people, tendering to each advice, attention, and, most treasured of all, a prescription.

My poor, beloved art of medicine, in what temples art thou hidden!

This was nothing, however, in comparison with the night work. It was almost impossible to obtain a good night's rest in the dispensary. I was aroused not only for serious reasons, but on the flimsiest pretext. I shall never forget one Christmas night. I had shared and enjoyed a hearty traditional Christmas dinner with my family and then returned to the dispensary. Snow was falling in huge fleecy flakes; the cold was intense, and I had delayed my return until about midnight; but return I must, as the rule ordaining that the doctor sleep at the dispensary was very strictly enforced. I immediately fell asleep. Suddenly the bell rang. Instinctively I responded, jumped from my bed, and stumbled to the window; an icy gust of wind gripped me with relentless clasp; I lost consciousness.

I probably recovered in a few moments and the bell was still ringing insistently. I forced my chilled body into an erect position, snatched up a covering, and asked what was wanted. Two people, well muffled up, were standing outside, chattering with the cold. They implored me to hasten to a house situated on the outermost confines of the parish.

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Was it serious? Most decidedly, the patient was in agony. I drew on my clothes as quickly as possible and accompanied my callers to the house of a rich cheese merchant, one of whose guests had been seized with sudden illness after a heavy meal. The sick man was stretched out on a divan and he had just vomited an unholy mess of food and wine.

A sour odour of wine, vomit, and gastric juices emanated from the patient, whom I examined. He was reaping the reward of dining and wining not wisely but too well, but as his pulse was rather weak I told the family I would return next day. I did return, but the patient had recovered and gone home.

The woman who answered the door thanked me civilly, and handed me a sealed envelope. I flew down the stairs and expectantly tore open the envelope, to discover—try to guess, dear reader—one whole lira.

I had been summoned from my bed on a freezing Christmas night, had risked pneumonia, had made two distant calls—in order to minister to a drunkard! And all for the munificent sum of one lira, or rather less than the cost of one bottle of wine emptied by those good people in the course of a convivial evening.

I smiled bitterly and savoured with appreciation the savage verses of Fusinato

Arte piu misera' arte piu rotta . . .

After a while my enthusiasm as Uncle Emilio's deputy waned perceptibly, and I regarded even his position with somewhat less envy and appreciation. But my own position had not improved and I could see no way out of the *impasse*.

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I was, of course, registered at the Central Hospital, which huge institution gave me unrivalled opportunity for studying all kinds of illness and gaining experience but put no money into my pocket. In order to qualify as an assistant, when one was remunerated at the rate of one lira and nine centissimi a day, one had to serve as an interne and practitioner without pay, and after that to pass an examination that was held about every three or perhaps four years.

A hospital career seemed out of the question for me: the dream of a rich and leisured colleague. There seemed to be no lessening in the weight of discouragement, but one day an idea came to me: I would seek out my former teacher, Professor Mangiagalli. I had to screw my courage to the sticking-point, for I stood somewhat in awe of this distinguished man. I steeled my resolution and called on him. He listened gravely and sympathetically to my story and remained silent for a long time, reverting in thought, it seemed to my watchful eyes, to the difficulties of his own youth. At last he murmured musingly:

"The highest wisdom of man is knowing how to wait."

Then, rousing himself from his reverie, he turned to me, saying:

"I do not think I can be of much use to you, but, as you know, I am the chief of the Obstetrical Station. There is no post vacant at the moment, but you could obtain valuable experience there. I will give you a note to Doctor Ferri."

I retreated as from royalty, and with the precious letter tightly gripped in my hand I literally ran to Dr. Ferri. He scarcely greeted me with enthusiasm, but he read the note, shook his head, and said: "There is no vacancy. I'm sorry; but never mind. Hang up your hat. If you stay, you cannot

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help learning a good deal, and I might be able to use you in an emergency."

So thus I joined the staff of the Obstetrical Station.

The Obstetrical Station was founded by Alessandra Cuzzi to provide assistance to pregnant women in their own homes. It was situated in the centre of Milan, and as the population of the city was increasing rapidly the centre met a real need and was then at the height of its fame and utility.

Cuzzi had appealed for volunteers and a panel of devoted doctors had been enrolled, who agreed to live in turn on the premises in the ViaUnione, so that at any moment of the day or night they might be ready to answer a call. Poor women were treated free of charge.

Dr. Attilio Ferri was the oldest practitioner on the panel and completely surrendered himself to the work. To him obstetrics was not merely a branch of medical science and art, not even the highest branch—it was his very life.

He was a confirmed bachelor, careless of appearance, brusque, irascible, but with a heart of gold. He cultivated an easily pierced pretence of cynicism and his honesty was proverbial. He would make any sacrifice to render the smallest service to anyone, while constantly insisting that he was a disciple of Epicurus. He was always striving to suppress the dictates of his heart, which overflowed with love and tenderness for all mankind, especially children, but he never succeeded in this. Over his grave his grieving colleagues erected the figure of a little child—a fitting symbol of all the children he had succoured in his long career.

Although he thought poorly of pure science, he had such a wide experience, particularly of obstetrical cases, and such

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a sound instinct, that he almost revolutionized operating procedure. Observant of the smallest variation, intuitive as to its significance, he introduced refinements which in his modesty he thought simply natural; but his mastery of the intricacies of the human body constituted an inexhaustible treasury upon which his colleagues might draw unceasingly.

This was the man, so wise and good, who received me so ungraciously (he grumbled and growled at the Professor's "cheek" a long time) and then introduced me to the staff. He allowed me to accompany him on visits, advised me and generally supervised my training. I quickly realized that the centre offered a never-ending source of precious instruction; and that between the surgery practised in hospitals and clinics and that performed by the over-worked, harassed, ill-equipped general practitioner, there yawns a great gulf. The doctors possessed two small instrument cases, one for operations and one for haemorrhage, and with this slender equipment miracles were performed. And I saw strange corners and aspects of Milan whose very existence I had never suspected.

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CHAPTER III

VARIED OBSTETRICAL MATTERS

OBSTETRICS IS, UNDOUBTEDLY, THE MOST APPEALING, BUT also the most exhausting, branch of medical science. It furnishes the deepest satisfaction: it demands the greatest sacrifice.

The doctor called in at childbirth comes as a saviour. It is he, and he alone, who will work a miracle and save the lives of mother and child.

The first time I accompanied Dr. Ferri he had to attend a somewhat unusual case, and I watched in an ecstasy of enthusiasm for my calling. I was so inexperienced that the doctor's labours and their successful result seemed little less than divine.

It was a case of a young married woman at her first confinement. She had chosen a midwife and the birth had proceeded normally until the rupture of the sacco, when, to the dismay of the midwife, a tiny hand appeared: the baby was coming into the world shoulder first. The midwife was overwhelmed. She should have determined the position of the child in the womb before the onset of birth. She communicated her anxiety to the relatives and the whole household became terrified. The trembling husband, corpse-like in his pallor, rushed to the Obstetrical Station. The Obstetrical Station was ready and Dr. Ferri, with myself as assistant, accompanied the distracted husband back to the house.

I can hardly describe the welcome that greeted us. A difficult childbirth always seems to foreshadow death, a

Varied Obstetrical Matters

circumstance with which the seasoned obstetrician soon becomes familiar. But it was all novel to me: the tense atmosphere of terror and excitement, the outcries of the patient, the pleadings of the relatives, the bustle and confusion. And the doctor is compelled to perform the most delicate operations under these appalling conditions. He must keep his head and his poise, inspire courage and radiate confidence; in short, dominate the entire situation.

And to Ferri belonged that power. A rapid glance made the case clear to him. He ascertained first that the child was still alive. Its heart was still beating, but growing feebler every second. He had to act quickly. With lightning speed he prepared a disinfectant, and in a few moments the change in position was made. The baby could now enter the world in the customary manner, and soon a feeble whimper informed the family that it had done so: *I am the life.*

The scene changes. Tears, but of joy, stream down the faces of the relieved family. The husband wants to kiss the doctor. They all press forward to admire the small newcomer. The young mother lies silent, slowly regaining her strength, and, as soon as she can speak, demands to see the baby, flesh of her flesh and fruit of her pain. And when it is shown to her, a look of ineffable happiness illumines her face—such an expression, I imagine, as might be seen in Paradise.

I watched this thrilling drama in silence, though moved to the depths of my being. Familiarity had not yet blunted the sharp edge of first impressions and I could only esteem in an ecstasy the noble art which made possible such marvels.

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CHAPTER III

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Life and Death

saying: "That was nothing out of the way. That's not obstetrics! Wait until you've seen haemorrhage of the placenta praevia or ruptured uterus. . . . They are difficult. And eclampsia—that is horrible."

My initiation in horror was a case of eclampsia.

Had Annie Vivanti, our charming authoress, studied obstetrical pathology before she wrote *I Divoratori*, she would have described the offspring of the human race as destroyers rather than devourers. For the baby, while yet unborn, poisons the mother by injecting into her blood-stream countless impurities generated during its uterine development.

When the mother is robust and healthy most of these toxins are eliminated, partly at least, by the liver and kidneys. But if the mother is weak and delicate, then these poisons, still virulent, are retained in the blood-stream. They circulate throughout the mother's organism and finally infect the nerve centres themselves, inducing the dreadful convulsions incident to eclampsia.

Thousands of biological observations, theories, and hypotheses may be questioned, but this verity is incontrovertible: it is the unborn child who tends to destroy the mother. So true is this that, in order to save the maternal life, the obstetrician must remove her dangerous inmate immediately. Borsieri's dictum, "*Protinus danda opera est ut a foetu expeditissime liberentur*," is still as valid as ever.

In a severe case of eclampsia, however, the doctor is compelled to induce a so-called forced birth. This involves a dangerous and brutal-looking operation, for the mouth of the uterus must be forcibly unsealed by the doctor, the neck distended, and the child withdrawn, cost what it may.

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The mother is often saved in this operation by the sacrifice of her child, but occasionally neither survives. These operations are so dangerous that they should always be performed in a hospital or clinic, but in many cases the attack is so sudden and severe that the doctor is compelled to operate without delay.

And this is what happened at my first experience of eclampsia with Dr. Ferri. I remember it as clearly as though it had happened yesterday.

The unfortunate mother lived in a small flat on the fourth floor of a tenement outside the Porta Genova. She had been married for a year, and during her pregnancy was healthy and quite confident. During the concluding days of her pregnancy, however, she had great difficulty in breathing, her sight sometimes seemed to fail, and her head throbbed painfully; but deeming these the ordinary features of the closing days of pregnancy, she thought little of them. Suddenly, in the night, she awoke in great agony; the midwife was summoned, and labour proceeded normally until the moment of delivery, when, instead of the birth of the child, a terrible change came over the patient. Her eyes rolled, a stern, almost ferocious expression replaced her natural serenity, her gaze became fixed. Convulsions soon set in; her face, neck, and arms were violently agitated.

The poor midwife, pale and trembling, despatched the husband to the Obstetrical Station posthaste. Run, for the love of God! Meanwhile, utter exhaustion succeeded the spasms, and when Dr. Ferri and I reached the bedside the woman lay as if dead. But while the doctor was making the necessary preparations for action, the poor sufferer was again convulsed, more violently than before. Another interval of unconsciousness supervened—and

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continued. Her face became deeply flushed, swollen, and congested.

Ferri worked like lightning. Rapidly he dilated the uterus, inserted the forceps, and drew out the already crying child. But the young mother remained inert . . . there was a rattling in her throat. In breathless haste we applied every device, every expedient known to science, but all our efforts were powerless to overcome the coma. She died in a few minutes.

Thirty years have passed, but the tragic scene is still before me. I see in memory the poor room, the young woman struck by cruel death in the supreme crisis of parturition. I hear once more the sobs of the husband as he threw himself upon the lifeless form of his young wife, the piercing cries of the patient's mother, and the wailings of the forgotten infant.

I was almost paralysed before this sorrow. I seemed to have lived through it all before, while aware that this was my first actual experience. Then it flashed across my mind that at the Venice Academy I had watched the same scene, had sensed the identical emotions, in the masterly work *The Death of Rachel*, by Cignaroli. . . . Even the attitudes were the same.

I was abruptly recalled to actuality by a small but melodious note from an adjoining room. It was a canary, which doubtless had often cheered the dead mother during her months of waiting. His song warbled and trilled. Was it, perchance, his lament for the dead?

Ferri and I silently repacked our instruments, and as silently withdrew. What else could we do? Wearily we re-entered the carriage from which we had stepped so hopelessly a few minutes earlier.

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Ferri broke the silence. "Well, now you've seen something. Go on being an obstetrician . . . if you have the courage."

And I found I needed all the courage that was in me. When I think of my early days at the Obstetrical Station, the difficult cases and the nerve-racking ordeals, I feel that I could write volumes.

It seems absurd now, but I recollect my foolish terror of violent and copious haemorrhage of placenta praevia. It seemed to me incredible that a woman could survive the loss of so much blood. Experience has taught me that a competent doctor need not despair over such cases, but that if he remains completely master of himself he can save both mother and child.

There was, too, in my young days the indescribable horror attending the embryotomy of the living foetus. Theoretically, no modern doctor should now be confronted with this dire necessity. Actually, however, it is occasionally imperative in domiciliary confinements. The doctor, in these cases, must enact the role of the priest and sprinkle the baptismal water on whatever part of the child's body he can reach—of the little being condemned but still living—before he inserts the homicidal instruments which destroy the child to save the mother.

But for sheer drama, nothing can surpass the Caesarean operation on a dead woman. I was never called upon to undergo this ordeal, but one of my colleagues was, and I still recall his agitation as he recounted his experience.

He was just leaving the hospital when a woman of the most extraordinary appearance was brought in. She was very short, her abdomen of enormous size, her face flushed,

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and she walked with difficulty. She could barely breathe, her lips were blue, and she showed all the signs of either circulatory derangement or probably heart disease. A midwife, alarmed by the symptoms and suspecting twins, had sent her to the hospital.

The poor creature just managed to reach the door. She was admitted at once, but immediately lost consciousness and fell dead.

It was easy to diagnose the cause of death—cardiac syncope; but immediately another painful problem arose. Listening at the abdominal wall, my colleague found that a child or children were living and could survive for some few moments after the mother's death. The conditions were unfavourable for a Caesarean operation. The two indispensable assistants were not at hand; there was not even time for applying the proper disinfectant; seconds were too long to delay. But the necessary instruments were available.

My colleague, with admirable decision and imperturbable courage, took up the bistoury, cut the abdominal wall, and opened the enormous uterine cavity. Two splendid infants were rescued. They were sent to the foundling hospital, and, under the excellent care they received there, developed into fine and healthy children.

But what terrible moments! Just before the operation my friend had almost succumbed to fright. He knew that he would have to operate on a human body which was still almost pulsing with life, and then in most trying circumstances. If he waited the babies would die. But could he be positive the woman was really dead? What if it were only a fainting fit, with the symptoms of syncope? His mental anguish was awful. He felt, however, he had to do some-

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thing, and he decided to proceed with his task as though he were operating on a living subject.

But the woman gave no sign of life and the children were saved.

When I confided to a friend, a distinguished lawyer, that I was composing a record of my surgical career, he proved very encouraging, and said: "Novelists will scan your pages for human documents and the very stuff of life."

And there pass before my eyes, as in a panorama, all the varied scenes of my daily round—splendid mansion and miserable attic; the clean and modest apartment of the steady worker; the squalid hovels of criminal and perverted pariahs utterly beyond the pale. And truly any author shadowing me—above all, by night—would have had revealed to his inquiring eyes rich material in abundance.

Milan is a prosperous city, and has become an important centre, but, like every great city, it has its seamy side. Naturally, the doctors of the Obstetrical Station were often called to wretched haunts, to tenement buildings where filth and decay accompanied with dire distress produced situations unspeakable. I have seen rooms where eight or ten people herded together; so crowded with sticks of furniture that there was no room to wield one's instruments and operate. Operate, should I say? The doctor removing his coat and vest ran the risk of finding them infested with vermin. Yet in these crowded rookeries the doctor had to conduct operations of extreme delicacy, and often enough they were precarious to a degree. Once, in order to perform a curretage, I had to stand inside a wardrobe. There was nowhere else to stand. And sometimes, in the course of an operation, the patient moaning with pain, I might be

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startled by a movement near by and then see the tousled head of an unsuspected child emerge from a filthy cot.

Ah! the poverty, the misery!

I shall never forget a bitter night one January, when I was summoned to a premature twin-birth in the Via Santa Lucia.

I hailed a wildly lurching and almost derelict cab, through whose unclosable windows there whistled an icy current that would have frozen a reindeer. The useless windows were covered with frost, and the poor devil of a husband who had come for me was stark with cold.

At three o'clock in the morning the nightmare journey ended at a tall building shrouded in darkness and gloom. In deathly silence the husband, with my surgical kit under his arm, led the way up interminable stairs, a feeble light on each floor throwing sinister shadows athwart the blackness. Our ascent ended at the top of the tenement, and my companion opened a little door into a garret. There was only one recognizable piece of furniture, a double bed. Over the bed a badly fitting window rattled and the wind, piercingly cold, whistled and howled through the room.

In this icy atmosphere I had to take off my coat, wash and disinfect myself and my instruments, and operate. But first I had to examine the patient. When I drew back the bedclothes I was astonished to see two or three sparrows fly out. Removing the pillow, a chaffinch flew away, and my adjustment of the bolster released a blackbird. ♣

I gazed at my patient in amazement, and she explained the extraordinary phenomena. Her husband sold tame birds, and the garret had become an aviary. But the aviary had become an ice-well, and the wise little creatures had betaken themselves to the cosiest spot, beneath the bedclothes.

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And so I operated, watched by the bright eyes of the friendly little fellows, who were certainly more comfortable than I, for they at least were warm.

The twins I delivered that night were happily stillborn. The mother was syphilitic, the babes were already infected, and death was far better than a frustrated life in the desolate abode of their diseased parents.

But this was not the only occasion when animals watched my operations.

Shortly after the foregoing adventure I was called, late one cold night in carnival time, to a fair near the Porta Genova. That ancient and popular institution was then in full swing. There were a number of noisy, gaily painted caravans on the bastions of the old town; there were cages full of wild beasts; shooting-galleries, shows, freaks of nature, swings, merry-go-rounds—and all day the noise of discordant music and shouting and the pungent odour of animals and trodden grass.

I had been called about three o'clock in the morning, just as I was settling down to sleep. A man of middle age, dressed like a tramp, and stammering an incomprehensible dialect, managed to make me understand that I was wanted immediately. The note from the midwife further explained that it was a case of violent haemorrhage following a three months' miscarriage.

I hastily dressed and followed the man from the fair, questioning him meanwhile, but he and I had difficulty in understanding each other. However, gradually I discovered that the patient was his wife—or at least the sharer of his bed and board. She was a snake charmer attached to the fair, and the collaborator in her performance was a boa-

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constrictor—a good sort (stoutly affirmed my informant) that was well fed, and had never harmed a living soul. However, that evening the turn was proceeding as usual and the charmer had wound the reptile round her body, but the snake was evidently irritable, for instead of returning the charmer's caresses, it had begun to crush her in its toils.

With great difficulty the other tamers had succeeded in releasing the poor woman, but after this deadly embrace she had been seized with severe abdominal pains, followed by haemorrhage. She had been put to bed and a midwife was called in.

By the time I had grasped the story we had reached the fair-ground. It was enfolded in darkness—like an encampment of sleeping nomads, as indeed it was. The silence of the night was broken from time to time by strange animal cries—the trumpeting of elephants, and other exotic sounds which I could not identify.

We neared the menagerie. My guide, with the case of instruments under his arm, led the way through a maze of sheds to the centre of the encampment. He stopped at a caravan, around the narrow steps of which a motley group of people, talking softly in foreign tongues, had congregated. There were strange faces and quaint costumes; I caught sight of a woman dressed as a lion-tamer; a man like a ring-master; a clown. As soon as they saw me they silently made way.

I mounted the steps, the caravan creaking and lunging with my every movement. At the door I was assailed by an acrid odour: the curious smell of tame animals and the sour stench of wild beasts, the composite stench of the menagerie.

An involuntary tremor made me hesitate at the entrance

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to this lair. . . . I seemed to be standing at the threshold of the realm of serpents—to feel snakes under my feet—in that insufferable stench, that polluted atmosphere. With an effort I pulled myself together. It was no time for personal indulgence; my patient waited. I bent my head and entered the tiny interior lighted by a feeble oil-lamp.

The midwife gave a sigh of relief. It was easy to diagnose the trouble, a miscarriage in the third month of pregnancy, but the haemorrhage was serious. It was impossible to remove the patient to hospital. To save her life an immediate operation was necessary. But how was it to be conducted? I had often worked in the most cramped quarters, but they had at least been stable—never had I been in such a strange den as this. The woman lay, not on a bed, but in a kind of bunk such as one finds on board ship. I could not even get her into a tolerable position. And there was nowhere to wash and disinfect myself. However, I was able to get two basins of water placed on the little platform outside the caravan door, and there in the cold blackness of the night I washed in the icy water. Then I returned to the bunk and in the dim light applied the speculum and began to work.

But while I was bending over my patient, I felt something move between my legs . . . it was grasping my ankles. A snake? The harmless fellow that had never harmed a soul but who that night had nearly killed the charmer, nevertheless? I recoiled in horror, but happily the tramp-like husband was there to effect a rescue. My assailant was a small female monkey, who at its mistress's cries of pain had rushed from its hiding-place in her defence and grabbed my leg. The man cuffed the little creature soundly and, snarling and grimacing, it ran away. It became silent at last and,

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springing on to a little trapeze suspended from the roof of the caravan, it attentively watched my every movement.

I was then permitted to pursue my surgical task in peace. . . . The woman was relieved of the embryo, the haemorrhage was stopped, and her life saved.

It was now my turn to sigh with relief. I retired to the platform which I had appropriated as a dressing-room and disinfecting-chamber, and again I washed in the presence of the lion-tamer, the ring-master, the clown, and a magician, who had all been again attracted to the scene. I returned to the interior and having assured myself that the patient was out of danger and quite comfortable, I turned to collect my instruments. But they were not all there—the two most important, the speculum and the curette, were missing.

The midwife could not help me: she had been tending the patient. The husband could not have touched them as he had left the caravan to procure a cordial for his wife. There had been no one else in the place . . . the loss was inexplicable. Where could the instruments possibly be?

We hunted high and low, but in vain. The instruments appeared to have vanished into thin air. Looking at each other in sheer perplexity, we heard a slight tinkle from above our heads. We gazed up at the trapeze, and all of us, even the patient, weak as she was, burst into uncontrollable laughter. There was the monkey, speculum in one hand, curette in the other, gravely mimicking the actions and movements I had made whilst operating.

But though misery tore at my heart, scenes of vice were profoundly impressive. I had to participate in scenes from the *Grand Guignol*; to live isolated chapters from the real romance of crime.

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I was roused one autumn night at the Obstetrical Station by the insistent ringing of the night-bell, and the attendant—old Gregorio—came to me in a few minutes to say I was in urgent request. As he was making the most extraordinary facial contortions—malicious, droll, and mysterious—I knew something exceptional was in store.

“Doctor, here are some patients.”

“Anything special?” I asked, rubbing my eyes.

The old fellow gave a wicked chuckle, and whispered in my ear.

“The devil!” I murmured. “What a business! . . .”

“Yes, sir, and you’d better make haste. It seems to be a most serious case. Here’s the midwife’s note.”

I smoothed out a crumpled piece of paper on which was scribbled: “Please hurry—a very severe haemorrhage from a third month miscarriage.”

“All right, Gregorio.”

An indescribable old woman was waiting for me at the door. It was impossible to mistake her for any other than she was: the proprietor of one of the lowest brothels in the Via Vetraschi, the vilest alley leading out of the Piazza Vetra, itself the hub of one of the most notorious districts in Milan.

I called a cab, and the old hag related the facts. That evening, quite late, when business was most brisk, a young girl was seized with violent haemorrhage while she was entertaining a client. Intense excitement reigned in the house and the nearest midwife was summoned, but she was unable to cope with the case, and had insisted that a doctor must be sent for.

The old woman was abject in her gratitude to me for coming so promptly. I was a most splendid fellow. . . .

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"Doctor, the amount of blood! Can you save her? To make it all worse, we are very busy to-night. . . . Just do all that is possible, everything you can, but do be very quiet and cautious, won't you?" Expense mattered nothing—she would pay handsomely.

Obedying the old woman's instructions, the cab stopped before a door, studded with immense iron nails, of a house situated in a narrow alley. As the door opened I was assailed by a vague, musty odour, and I hastened upstairs. As I hurried past, through the half-open door of a kind of sitting-room, I saw, reflected in mirrors, half-naked women, and men, old and young, all just visible through a dense haze of smoke. A disgusting medley of bestial laughter, shouts, and cries died away as I passed on and an odour of mingled tobacco and human sweat lingered in the vitiated air.

I found my patient stretched on a blood-soaked bed in a tiny room. She was young and still comely. Her extreme wanness was masked by thick paint, and the red of her cheeks and lips, in contrast with her waxen pallor, gave a bizarre appearance to her beauty.

She was still half-dressed, not in clothes, but in multi-coloured veils, such as a dancer or a cabaret singer might wear. The bed was smothered in rapidly congealing blood. A few of her friends, just as scantily clad, were standing round the bed and trying to comfort the suffering girl. Bacchanale and death—and the heavy scent of common perfume seemed to heighten the effect of the wanton and shameful scene.

The midwife explained that she had found the girl drenched in a pool of blood, that after some difficulty she thought she had discovered what was amiss, and had striven to check the haemorrhage by tamponing, but without success. She had completely exhausted all her knowledge and skill.

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Quickly and silently I discarded my coat and disinfected myself. The midwife was correct in her diagnosis: it was a miscarriage.

I operated rapidly, and used the tampon.

Profound silence pervaded the little room; no one appeared to breathe; but the silence became broken from without. I became conscious of whispers, mutterings, kisses; gruff voices of men, the softer tones of women, and laughter and groans, all the gamut of a sexual symphony. My surgical instruments interjected from time to time a steely note of dissonance.

Throughout the operation the girl did not speak or cry out, not even when I scraped the uterus. She was too exhausted. She managed to whisper to one of her friends: "The priest."

The operation over, I toiled like a galley-slave to revive the patient. After two hours' work, with injections and hypodermics, I was able to restore some life to the girl: her pulse became normal: her life was saved. I gave the midwife the necessary instructions, packed my instruments, and departed. Darkness and silence now reigned throughout the house. The dawn was visible in the east: the clients had gone home. As I turned into the narrow alley, I brushed against a dark form. Who could it be? a late client? or one of the many criminals of the Piazza Vetra quarter?

I wheeled about quickly. There was nothing alarming: it was the priest who had been summoned. He glanced inquiringly at me.

"I think she will be all right now," I said. "I know it is a horrible place, but, Father, you've been called. Won't you go in? The woman needs you. . . . Yes, the stairway to the right, first floor. . . . Good night."

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The reader may wonder how I found the courage to go alone at night into the vilest quarters of the most criminal district of the city. Some of my colleagues carried arms, but I preferred to trust to luck. And it carried me through, although once I had to act with decision.

One carnival night I was on duty at the Obstetrical Station when I was summoned to a house in a street near the Corso Genova. I knew the place well. It was a huge block of workers' flats, the doors opening on to long, dreary corridors. The heavy silence of the vast building hung oppressively and beat on my ears as I climbed to the fourth floor. The unlighted corridor lengthened forbiddingly with all its doors closed. As I became accustomed to the darkness I saw a feeble gleam of light escaping from a half-open entry, and heard subdued voices, and groans and pathetic cries, shrieks and curses.

The first room was vacant, but in another, a lighted apartment, confusion reigned supreme.

I entered with my heavy instrument case in my hand, and stood appalled. An elderly man, cursing deeply, was fighting with a very fat, shrieking woman. A deadly pallid and scared young woman was lying on a bed praying and weakly lamenting. For a moment I was dumbfounded by the strangeness of the scene. Was I dreaming? Into what hell had I strayed? While I stood there, striving to comprehend, the man caught sight of me and, forgetting all about his former foe, met me with murder in his eyes. This restored me to reality, so, dropping the case, I defended myself stoutly. After a terrific struggle I mastered my assailant and pushed him out on to the landing, fastening the door from inside.

How now? I was shut up with two women and

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turned to ascertain what was required of me. It was soon clear.

The young woman on the bed was suffering from a two months' miscarriage; the corpulent woman was the midwife who was to nurse her. The madman was the patient's father, who, thinking his daughter's virtue unassailable (a mistake fathers often make), had been bitterly disillusioned when, on returning from work, he had found his daughter in the throes of a miscarriage and the midwife in charge.

It was a shock for the poor fellow, and one cannot help pitying him. He had completely lost his head, and in his passion he had vented his feelings on the midwife, who was most decidedly not to blame. I then appeared on the scene, a much more likely delinquent—a young man, entering without so much as a "Please, sir." Without more ado he attacked me. At that passionate moment, nothing short of homicide would have calmed him.

Fortunately for me he was not armed, or I could not have lived to tell the tale. As I have said, after an exhausting struggle I managed to expel him from the room, and thankfully secured the door. I was not even then quite at ease, and thought somewhat ruefully of the risks doctors incur. Then I tried the door again and set to work.

Still stiff, bruised, and numb, I sterilized my hands and instruments and operated. That successfully accomplished, a further problem presented itself: whether I could safely emerge and return to the Obstetrical Station. The madman, without a doubt, was waiting for me in the shadows of the corridor. This seemed a perfectly reasonable supposition, yet I could not wait in the flat all night. I must return to the Station. I took a deep breath, and opened the door cautiously.

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A long shadow lay across the floor—that was not reassuring. However, I dared not hesitate. But only a very respectable and a very subdued young fellow came towards me.

“Is she all right, doctor?” he pleaded respectfully.

The boulder! He was to blame for it all.

When my colleagues had heard my story and inspected my bruises, instead of offering me sympathy, they guffawed hilariously, and my good master, Dr. Ferri, scolded me for not carrying a revolver.

“You can’t be too careful,” he said. “Heaven knows what might have been the outcome of *this* adventure. Two of your colleagues were called to a placental haemorrhage and the patient lived in one of the most iniquitous places in the city.

“The woman was in labour during the ninth month of pregnancy. The child was coming shoulder first, the dilation of the uterus was weak, and the haemorrhage, as in all cases of *placenta praevia*, was excessive. The condition of the patient was serious enough, in all conscience, but it was intensified by the squalid surroundings. She lived at the top of the worst tenement, beyond the Porto Tenaglia, and the room was filthy.

“Naturally, we tried our hardest. We administered the anaesthetic and performed the usual Braxton-Hicks operation. It was a brilliant success; the baby was turned and still lived, and we thought we might save the mother too. The child was born, safe and sound, but another copious haemorrhage set in. During delivery the neck of the uterus had been punctured, and the blood streamed out.

“The operator grew pale, and glanced significantly at his

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confrère. The latter interpreted the look aright and sent a note to the Obstetrical Station. It was a mercy the messenger did not open it on the way, for it was couched in the following terms: 'Come at once. Bring instrument with you, *not necessarily surgical*. Hold cab at the door.'

"Meantime, bad things rapidly worsened. We could not stem the blood, and the woman became paler and paler. At last the third assistant arrived: myself. I had had no difficulty in interpreting the note and had brought a good revolver. I just saw the woman die and from my brief examination I could see that everything possible had been done by my colleagues.

"And now *our* moment of crisis had come. Instantaneously, it seemed, the entire population of the teeming hive had become aware of the tragedy, and leaned from windows or crowded the corridors and the air was rent with cries, wails, and curses. Then we heard the sinister shout: 'They have killed her!'

"You can imagine our plight. It was useless to try and reason with them—they would not listen. We collected our appliances and made for the stairs, I with my hand on my revolver. And we had to run an evil gauntlet. What curses, what blasphemies were hurled at us, what criminal faces lowered at us! It was only the revolver that gave me courage and a certain self-possession. At last we reached the street, and bundled into the cab

" 'Off, as fast as you can go!'

"And we did not breathe freely until we reached the Station."

But my own worst experience was in a prison, in the huge old penitentiary of San Vittore. I was usually called

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by a midwife, but this time it was my colleague and friend, Terzaghi, now the sole survivor of the glorious days of the old Obstetrical Station, who summoned me. It was a cold January night, and he had been called in to treat a prisoner whom he found dangerously ill: a case of eclampsia in the seventh month of pregnancy.

The patient was a young and beautiful prostitute—and a murderess. She was the mistress of an ex-convict, and had just become pregnant when she discovered that her lover was deceiving her with another woman. She swore revenge, and one evening surprised the guilty couple drinking together in a private room in a notorious tavern in the Via Arena. Distraught with grief and with brooding over her vow of vengeance, she rushed at her rival with the velocity of a bomb, and wounded her in the back with a knife. She remembered nothing more until she awoke in a cell in the San Vittore prison.

She had been waiting several months for trial, and her pregnancy became advanced. Anxiety, remorse, and sorrow, together with the restriction, cold, and clamminess of the prison cell, had shattered her health. She developed nephritis, which had culminated on this night in a violent eclampsia.

The prison midwife was sent for, but she realized that the case was beyond her capacity and requested a doctor. But my good friend Terzaghi could not master the case alone. He had tried every known medical device, but was unable to still the convulsions; within the space of a few moments the patient had experienced three attacks. The only resort was to induce a forced birth, and for this he must have an assistant, if only to administer the anaesthetic. He had sent to the Station for help, and the message had been relayed to me at my house.

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A prison is sufficiently sombre at any time, but in the stillness of the night its abysmal gloom is overwhelming. More than thirty years have passed, but every incident of that tragic expedition is still sharply engraven in my memory.

A brooding silence seemed to hang heavily over the vast building, broken from time to time by the raucous voice of the sentinel, "All erta."

I was led along a dark corridor, then up some ghostly steps, then along another corridor flanked with cells. Nothing broke the tomb-like quietude except the mournful and reverberating echo of our footsteps, which seemed to be thrown back fearfully from the vast and sad arena.

At last we reached the cell.

The patient was lying on her back. Her face was contorted and congested, the eyes glazed. She was in a coma following a further attack of convulsions.

There was not a second to be lost.

We could not operate in the cell, and so we had the woman carried to the infirmary. Even there the beds were not of hospital size or design, but we placed the patient as nearly as we could in the customary position. Two deputy nurses had conveyed her, one a midwife serving a sentence for procuring abortion, the other for receiving stolen property.

Dr. Terzaghi, with his kind, honest face, looked divinely gentle in these harsh surroundings. I began to administer the anaesthetic, while my colleague proceeded with the operation. Deftly wielding the forceps, he withdrew a seven-months boy, who sadly and despairingly emitted a cry, as though protesting against the sad world into which he had been born.

It was a very feeble cry, and becoming feebler. . . .

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The tender-hearted Terzaghi had foreseen this: the consummate doctor became the priest. In a basin of pure water he baptized the mite in the name of the Father, the Son, and the Holy Ghost. A small sigh of relief, it seemed, came from the frail little creature as it left the world that had welcomed it so coldly and sadly. He was, at least, happier than his mother, whom we saved at the brink of death, only that she might expiate her crime, in sorrow and despair, succeeded by the opprobrium of her fellows. We handed the patient over to the care of the midwife and nurses: we had done all we were permitted to do.

We gathered our instruments, and turned to leave this place of pain and suffering. We retraced our steps through the cell-lined corridor, that *Via Dolorosa*. The cab was waiting at the gates. We entered silently and as silently drove back, each oppressed by the memory of the heart-rending scene we had witnessed.

*Alma Venus! Coeli subter labentia signa
Quae mare navigerum, quae terras frugiferentis
Concelebras, per te, quoniam, genus omne animantum
Concipitur, visitque, exortum, lumina solis!*¹

LUCRETIVS

To provoke an abortion is murder.

The doctor commits murder when he terminates the life of the human embryo in the womb. The child conceived is more than a potentiality: it is already vital, a personality, a being who lives and has a right to live.

¹ Nurturing Venus, who beneath the smooth-moving heavenly signs fillest with thyself the sea full-laden with ships, the earth with her kindly fruits, since through thee every generation of living things is conceived and rising up looks on the light of the sun.

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A doctor should never kill: in his healing hands he should bear life and well-being: health to the mother, life to the fruit of her womb. Yet, in certain circumstances (*incredibile dictu*), it is imperative to slay the embryo. But it is not easy to decide when this becomes imperative. It is, in fact, so difficult that even to-day we have arrived at no general agreement as to whether or when it is justifiable to arrest pregnancy, while some maintain that it is never to be justified.

The *pros* and *cons* of the problem were keenly controverted a short time since at a conference of gynaecologists convened in Milan at the Istituto Mangiagalli. The discussion was extremely interesting: I cannot remember ever being more enthralled by a debate. The most famous Italian obstetricians attended, as well as eminent doctors and surgeons. The leading specialists expressed their views, but the conference was especially noteworthy because, for the first time at such a medical congress, a representative of the clergy had been officially invited: Father Gemelli, the well-known rector of the Università Cattolica.

Feeling ran high—at moments the light of fierce battle shone in the eyes of the combatants. The authority of religion was inflexibly opposed to therapeutic abortion, no matter what were the circumstances. The gynaecologists could not agree. Some were of Father Gemelli's persuasion, others hesitated. Where one intellectual position was so powerfully supported by religious and emotional feeling, they refrained from taking sides. But many of the delegates agreed with the established medical view, maintaining that, under certain conditions, and at least in the present state of obstetrical science, gestation might rightly be arrested.

According to this theory, there are certain clear and well-

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defined signs: in other words, certain ailments and diseases, either present at its inception or supervening upon pregnancy, which make it impossible for the woman to give birth to a viable child. In such a case (so maintain the defenders of this view), if the doctor allows nature to take its course he endangers the life not only of the child, but also of the mother. Consequently, the traditionalists assert, it may prove fatal to hesitate. The doctor is the preserver of life and health—he must save what he can, in this case the mother.

On the other hand, there are signs that are difficult to decipher. Pregnancy itself may cause grave disturbance, which may take on the aspect of actual disease. If an abortion takes place, most certainly these troubles will disappear—but a child may have been sacrificed.

And further: it may quite well happen that if a doctor gives to a woman unremitting and patient attention, she may be enabled to complete a difficult pregnancy and give birth to a living child. In doubtful cases (and these are very numerous) the matter must be left to the patient's doctor, whose judgment is determined by his mental outlook, his personal experience, and the special circumstances of the case.

A conscientious doctor may call in a colleague for consultation: the responsibility is thus shared. A less scrupulous doctor, or one more self-confident, judges for himself. And it is also probable that signs and portents that to his colleagues might appear weak or inconclusive, are to him simply self-evident.

I remember that at the beginning of the World War, when Belgium had been brutally invaded by Germany, the rumour was spread abroad that women and girls had been

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violated and rendered pregnant by the invaders. I remember, too, that Professor Bossi, director of the university clinic at Genoa, expressed his considered and authoritative opinion that if such a patient applied to her doctor for an abortion, he should accede to her desire.

The novelists found in this situation a theme ready to hand. I recall, for example, Annie Vivanti's vivid *Vae Victis*. The authoress unfolds the story of two Belgian women, whose reactions to the same tragedy were totally opposed. One was happily married, the other engaged to be married; both were violated by officers of the German Army. After being rescued by the Red Cross they were sent to England, and then they first became aware of their condition.

The married woman recoiled in horror: she felt shamed and soiled: her own ideal of herself had been shattered. A faithful wife and model mother, she felt outraged at the involuntary breaking of her marriage vows; and, as a loyal Belgian, the thought of bearing German seed filled her with loathing. She rebelled against such a degradation, and begged to be freed from an intolerable burden. The priest listened to her frenzied plea with horror. The doctor, after a long struggle with his conscience, yielded to her prayer.

With the younger woman, however, other considerations prevailed. The voice of nature was strong: the mother mattered little, the father mattered less: the child was supreme. It lived, it had the right to live: she could not kill it. She sacrificed herself, her future, her love, her family—but the child was born.

May such tragedies never recur; may the heart and mind of the doctor never be so troubled again!

But there is a real danger that, in taking at their apparent

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worth, certain signs and symptoms, one may be inclined towards criminal abortion. I say criminal because the moral codes of most States condemn abortion, and likewise the law. There are, however, countries in which abortion is still forbidden by the legal code, where it is, in fact, practised with little censure from public opinion or the operation of the criminal law.

I do not say that complaisant practitioners are not to be found everywhere. In any community, if a clever obstetrician wishes to procure an abortion, he may do so and ignore the law. In such a delicate, complex, and highly skilled procedure, what lay person can oppose a doctor who may advance therapeutic reasons or arrive at an incorrect diagnosis?

But the upright man, the scrupulous doctor, is guided by his own ethical standard. He will not compromise. His decision is unshaken whatever arguments, prayers, or promises of rich rewards assail him: he faces unpopularity unflinchingly in the cause of right.

I remember one incident which shocked me at the beginning of my career: I recall all the circumstances clearly. Probably as I was so very young and inexperienced at the time it made so profound an impression on my mind.

I was still living in my first very modest apartment on the Via Santa Sofia, where my surgery was so diminutive and my patients so few and so poor. I was reading in the waiting-cum-dining-room when the maid informed me excitedly that a fine carriage was at the door and a most elegant gentleman was asking to see me.

"His wonderful clothes," she contrived to whisper, before she ushered him in. I received him in the surgery and re-

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quested him to be seated. He was of aristocratic appearance, well dressed, suave, and young. He sat down in the only easy chair, and appeared to be taking my measure. He was very ill at ease and did not know how to begin. I was so surprised at such a client coming to consult me that I thought I must be dreaming. At length I asked how I could help him.

He began to explain with embarrassment. "A midwife gave me your address. She said you were remarkably clever, and that you would be able to assist me—in a matter that is very delicate and strictly confidential."

More and more surprised, I listened attentively. I did not suspect what was coming.

He was in the direst distress. A few months previously he had been to see his two sons, who were being educated at a distant provincial town and, on that occasion, he met a woman of the highest social standing, who was visiting her son. They entered into conversation about their children, and it so happened that they both missed the train returning to town. She was a young and charming widow. There was only one hotel in the place, and they stayed there. It rained and rained . . . they were alone together at the accursed inn. And so, well, it happened.

How? Well, he could not say: he had no clear recollection of the evening; in due course he would have forgotten it entirely. But it *had* happened. The next morning they both returned to Milan, and had not seen each other since. Recently, however, he had received a despairing letter, sent so imprudently that it almost fell into his wife's hands. The poor woman had discovered that she was pregnant; She was in an agony of mind. The scandal was a perpetual nightmare to her: her parents were old, and her mother

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extremely pious: she dreaded the effect of the revelation upon her. She was afraid to look her children in the face, she felt so bitterly ashamed. She would die rather than face the scandal. . . . She appealed to him to advise her . . . she feared she would go mad and felt capable of anything. He was stunned by the disclosure, and stood in mortal fear that sooner or later his wife would become aware of the matter. This would mean ruin, scandal, and dishonour for both families. But he was a gentleman, a man of honour. The evil had been done and they would have to bear the consequences. He had endeavoured to calm the lady, had promised to aid her and had consulted a midwife, who had given him my address.

The narration ended, the distressed applicant sank back in his chair, and covered his face with his hands. I said nothing, but meditated somewhat bitterly. What did he want? Why impart this long story to me, when all he desired was that I should consent to procure an abortion? I was "very clever—just the man to help him." I should have liked to interview the midwife who so signally honoured me by her recommendation! I suspect she knew my financial position, and thought I would be tempted and fall. Well, she was wrong. Had I toiled and suffered and dreamed to descend to such jobs as this? Rather the bread of poverty till the end.

I rose brusquely, and he understood. He rose also and left me.

Some months later I saw the same man in a public place. We did not speak. I heard no scandal about the two distinguished families involved, and I concluded their honour had been safeguarded by someone as "clever" but with fewer scruples than I had.

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Six years had now passed away since I had gained my degree. The early days had been difficult, with little to encourage me, but hard work had resulted in a slight financial improvement and I faced the future with more confidence. When I reflect on those first six years I am amazed that my system withstood the strain.

I often spent the night at the Obstetrical Station and at the same time fulfilled my duties as a hospital student. I passed the examinations and became first assistant, then surgeon's *aide*, having passed the latter examination in 1906. But this practical work did not entirely content me: I cherished a love for pure science, and wished to publish my writings. In 1906 I had also to decide whether I would embrace general surgery or confine myself to obstetrics.

I did not hesitate long.

I loved surgery, the great art which includes all the specialities and from which all spring.

And so, after serious reflection, I decided to send in my resignation to the Obstetrical Station. My colleagues were not surprised, but they were sorry to lose their "Maiocchino," as they called me. They said they had given me birth and nourished me. They would not lose me entirely and so nominated me honorary obstetrician, and subsequently consulting surgeon to the Station.

And as in the first year, so in those that were to follow, my colleagues of the Obstetrical Station encouraged and assisted me. They steadied my first wavering steps and gave me so many proofs of confidence and esteem that I cannot think of them without emotion and gratitude.

May God bless them!

CHAPTER IV

SURGERY—SCIENCE AND ART DIVINE

WHEN I COMMENCED MY SURGICAL MINISTRATIONS AT THE Central Hospital, Milan, the art of the surgeon was highly appreciated. This very honourable avocation had been condemned by the benighted bigots of the Dark Ages and had for long lain under their obscurantist ban and only comparatively recently had it attained a position of dignity.

Ecclesia abhorret a sanguine,¹ declared the Council of Tours in 1163, and that edict was interpreted by the faithful to mean that surgery was at least suspect, if not accursed. Orthodox doctors therefore refused to perform any operations attended by loss of blood, and surgery became the perquisite, as it were, of mere empiricists, the barber-surgeons. The doctor jealously guarded what he regarded as the higher province of medicine; to him was reserved the real science; it was he who would diagnose. He would interpret the symptoms, he would prescribe the treatment. But actually to wield the bistoury and the lancet was beneath his high professional standing. When such operations were necessary, he called in the barber-surgeon.

And surgery became a despised art, while the physician was regarded as the representative of a liberal and noble profession. And long and bitter was the conflict which the surgeons had to wage before the great art reached its exalted position in man's estimation. And the fight was the fiercest with the physicians who practised under the powerful protection of Saint Cosmas, even down to the time of Ambroise

¹ The Church abhors bloodshed.

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Paré, who was deemed to be beyond the pale *because he knew no Latin*.

The publications of the Golden Age of the Renaissance are full of these curious controversies, but an excellent summary is to be found in the treatise of Diderot: *Lettre d'un citoyen qui n'est ni chirurgien ni médecin*.¹ The plea of the famous encyclopaedist may be regarded as a milestone on the road to the rehabilitation of surgery: “. . . *qu'il n'ait plus de chirurgiens, mais que les médecins et les chirurgiens réunis forment un corps de guerisseurs*.”² He desired the art of surgery to rise in public esteem, and that it should no longer be entrusted to empirical operators, who were little better than manipulators. Diderot firmly maintained that surgeons should study diseases, learn to diagnose symptoms, and be able to recognize pathological conditions.

Yet even as late as in the middle of the last century (1850), the realm of surgery was very restricted. Though no longer the *ancilla humillima medicinae*,³ yet, because of the absence of antisepsis, the art of the surgeon had small scope in the temple of healing. The surgeon was concerned almost exclusively with derangements of the joints, limbs, muscles, and the easily accessible organs. The physician, on the other hand, treated the internal organs, all those very delicate structures of the human framework which yield their secrets exclusively to scientific and clinical study.

Medicine was roughly divided into two parts—the internal and external. The first and most important part was reserved to the physician, the second was relegated to the

¹ Letter from a citizen who is neither surgeon nor doctor.

² “There should be no more surgeons, but physicians and surgeons combined to form a body of healers.”

³ A very humble servant of medicine.

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surgeon. But the position changed when the powerful auxiliaries of antiseptis and anaesthesia became the hand-maids of surgery: the art stood exalted on an impregnable foundation. Even its most sanguine representative stood amazed at its triumphant progress. It marched in seven-league boots.

This notable success is very simply explained.

I suppose everyone knows that in the so-called bloody operations, the surgeon makes artificial wounds which heal easily and cicatrize rapidly, provided they are protected from contact with any infectious agent. But they do not heal and begin to suppurate if the tissues of the edges or lips of the wound are brushed by infective substances. It may be asserted that no wound made by the surgeon, however severe, is in itself dangerous. The danger lies in the possibility of contact with some microbe which is capable of effecting pathological changes in the tissues. These organisms—the microbes—are microscopic germs, and are frequently air-borne and settle anywhere, even on the surgeon's hands and clothes—in short, they encompass us on all sides.

And thus surgical wounds, harmless in themselves, become harmful when infected by these micro-organisms. The pioneers of antiseptic surgery discovered that if they were to avoid the risks of microbic infection they must conduct active war against the noxious germs. Lister, the initiator of this novel and revolutionary surgical concept, introduced the use of antiseptics which would destroy microbes. These various preparations were used in solution for washing instruments, wound-dressings, the operator's hands, and the tissues of the wounds themselves.

When I began my surgical career, operative technique

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had reached the antiseptic stage. Streams of corrosive sublimate were used to purify the operating rooms; copious supplies of carbolic acid were prepared for the instruments (and how the assistants' hands suffered!), and the wounds and suppurating sores were dressed with evil-smelling iodoform powders. Even the atmosphere of some operating theatres was impregnated with carbolic-acid vapour.

There was a marked increase in the percentage of successful operations, but one noteworthy fact became obvious. The antiseptics destroyed the germs, but at the same time they also damaged the delicate tissues. Further experience also showed that though the use of antiseptics was effective in killing microbes that had already infected a wound or sore, they were of small use in dressing uninfected or aseptic wounds. In such cases, all that appeared necessary for a perfect healing was that the surgeon should not touch with his bare hands either his instruments or the dressings which were applied.

This discovery led to a restricted use of antiseptics, and to the introduction of aseptic methods. Efforts were made to ensure that everything that came into contact with the patient in surgical operations was thoroughly aseptized and made entirely free from infectious germs. It was easy to sterilize instruments and dressings: much harder to disinfect the surgeon's hands. The former could be plunged into boiling water, but the skin of the hands offers a hospitable retreat for microbes, and it is extremely difficult to destroy them entirely.

When I originally began my surgical operations my poor hands were in an unending series of disinfecting baths. Every half-hour they would be cleansed in warm water with soap, then in solutions of permanganate, oxalic acid,

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carbolic acid, and alcohol. . . . But after such elaborate treatment the hands remained charged with bacteria, and on plunging them into a culture vessel colonies of active microbes would appear.

The problem of hand-sterilization was not solved until a few years after I had qualified. It now seems more obvious than the egg of Columbus, but it is no exaggeration to say that the use of rubber gloves proved one of the most outstanding triumphs of operative technique. Gloves, when boiled and disinfected in the sterilizer, completely protect the wound from contagion from the skin of the hands.

Thus asepsis was perfected gradually, and the results exceeded all expectations. Operations before which the most skilled operator would have quailed, became safe; gaping wounds closed and healed almost miraculously; delicate obstetrical manœuvres, formerly fraught with grave dangers, now proceeded smoothly.

Surgery swept forward under my eager eyes, and progressed still further on its beneficent course by the application of another discovery. I refer to anaesthesia, or the rendering of the patient insensible to suffering. Perhaps I should say, rather, the perfecting of anaesthesia, for efforts to lessen pain had been attempted for centuries past. Giambattista della Porta informs us that towards the end of the year 1600 patients were induced to breathe a mixture of opium, henbane, mandrake, hemlock, and other drugs. The sleep induced by this method was very problematical, and furthermore, as the Church condemned the administration of narcotics as sorcery, the practice fell into disrepute.

One hardly dare think of surgical operations before the use of anaesthetics. Try to imagine a most frequent operation—amputation of a leg, for example—on a conscious patient.

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Listen to his piercing cries as he writhes under the bistoury; realize the agonizing pain he must undergo as the oil and burning tar are poured on to the stump to prevent haemorrhage!

Silvio Pellico in his *Mie Prigioni* has related something similar. The amputation practised on poor Maroncelli is reminiscent of the cases recounted by my old teacher Professor Bottini. In his later youth he had studied surgery at Paris, but he returned home completely disheartened and quite adverse to the practice of a surgeon. He had been compelled to witness operations in which the fully conscious patient, writhing under the knife, shrieking with all his might, was held down by the powerful strength of the hospital *aides*. Patient and operators fought against each other, and the cruel spectacle resembled rather a scene from a medieval torture chamber than a modern operating theatre.

Bottini's revulsion from such practices led him to abandon surgery and he retired to the Sappey Institute in order to study anatomy. As he said, the corpses, at least, no longer suffered.

In 1846 American surgeons had first performed operations under anaesthetics, and the success of their experiments announced shortly afterwards was joyously acclaimed by surgeons and, indeed, by the whole world. Like many great discoveries, that of anaesthesia resulted from an accident. A dentist, William Thomas Greene Morton, inadvertently slipped a dressing soaked with ether into a patient's mouth. An unwonted silence spread over the surgery, the groans of the patient ceased—he slept tranquilly. The dentist was amazed, but such an auspicious effect called for repetition.

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Further tests with the magic substance were successful. Morton found that by making the patient inhale ether, a deep sleep was induced during which any operation could be performed, the patient throughout remaining completely unconscious of pain.

This discovery was epoch-making and on the four winds of heaven the good news was wafted to the far corners of the earth. The General Massachusetts Hospital still reverently preserves the chair in which the first patient enjoyed the painless sleep. Further investigation soon revealed the fact that other agencies besides ether possessed the same soporific property. When I began my career, chloroform still held the field, but in recent years, as the value of other anaesthetics has become better known, a veritably bewildering variety is at the surgeon's service.

After the discovery of deeply unconscious anaesthesia, surgeons sought to induce local anaesthesia, the patient's personality retaining consciousness, while a given part of his organism was rendered oblivious to pain. Such a localized anaesthesia was advantageous or even imperative in cases where the health of the patient made a state of complete anaesthesia dangerous. It was found feasible to induce local anaesthesia by several means, by spraying the part of the body with ether or ethyl chloride, but chiefly by the use of drugs that temporarily deadened the sensitive nerves. The best-known drugs of this kind are cocaine, novocaine, and stovaine. We speak of a spinal anaesthesia, a regional anaesthesia, a truncular anaesthesia, and so on, according to that organ of the body which is "put to sleep."

In the course of my experience I have seen various methods supersede one another, and I think that I have myself tested most of them. I would not say that one is

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superior to another. The surgeon must make an intelligent choice and select the means best suited to any particular case. No two human beings are precisely the same, and a patient and painstaking study of the subject's case should precede the operation, and this, together with the nature of the operation itself, should determine the surgeon's choice of anaesthetic.

But whatever anaesthetic is chosen, the operation is painless. The patient makes no sound; he rests motionless. It might almost be the dissection of a corpse. The surgeon can proceed leisurely without undue thought of time, and with comparative calm.

The development of anaesthesia I watched through the years; it constitutes a glorious epoch in the annals of surgery. By means of asepsis and anaesthesia, internal bodily organs, previously inaccessible, have surrendered to operative technique: the brain, kidneys, stomach, spinal cord, bile ducts, and the very heart itself reveal their secrets and yield to the healing ministration of the surgeon as well as that of the physician.

The barriers between medicine and surgery have been lowered, never again to be raised, and the surgeon, master of the entire human body, can say at last: "*Surgery—science and art divine.*"

CHAPTER V

MY HOSPITAL

IT IS DIFFICULT TO STATE EXACTLY JUST WHAT A HOSPITAL means to a surgeon.

What a ship is to a sailor, a home to a woman, a theatre to an actor, a church to a priest, a hospital is to a surgeon. As well imagine a sailor without a ship, a woman without a home, a priest without a church, as a surgeon without a hospital. It is the fruitful field of his activity, his academy, his exercise ground. In the hospital he finds and perfects himself; at the hospital he becomes acquainted with the latest discoveries, experiments with the newest methods. It is there he finds material for novel studies, closer observation and, if he so desire, for his published *obiter dicta*. And if the surgeon be a Milanese and the question of hospitals arise, a look of mingled satisfaction, tenderness, and pride will steal over his face.

There is but one hospital for the Milanese, "Ca' Granda," the Big House, as it is affectionately called, the ever-welcoming hospice that ministers to all maladies and invites all who are sick.

It is said that Francesco Sforza and Bianca Maria, those old-time rulers of Milan, founded the Central Hospital. It is true that they presented to the city a villa on the Naviglio situated behind the church of San Nazzaro, and that this edifice and its outbuildings became the nucleus of the hospital. But the real builders of the Central Hospital were the citizens themselves. A century earlier the Milanese had begun the building of the great cathedral—the people, be

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it noted, not, as is asserted, Duke Gian Galeazzo, who simply bestowed benevolent approval on the concept. And even as the vast, wondrous cathedral was created by the prolonged sacrifice, generosity, and renunciation of the Milanese citizen, so the Central Hospital persists as a splendid memorial to their generous and sympathetic hearts.

One need only visit its picture gallery and glance at the portraits of its benefactors: an unbroken line of philanthropists from 1476 to the present day. Through good times and bad, generosity never failed.

When the question of building a hospital arose, the Milanese insisted that it be both commodious and beautiful. Yes, beautiful. It was meet that the cathedral erected to the glory of God and the Virgin Mary should be superb; but Duke Sforza had built for himself one of the finest castles in the world, and it was only fitting that the sick and needy should have a hospital large and commodious, splendid and beautiful, to relieve their sufferings.

One of the most famous architects, l'Averulino, called Filarete, the man who had built the Sforza castle, was commissioned to execute the work, and no burdensome restrictions were placed upon him. He gave to the city a masterpiece, at which men marvel and in which they delight to-day. Its pure Renaissance arches are a joy for ever; the grace of its windows and its exquisite cornices are the despair of artists. In 1600 another building, even more beautiful than the first, was added. This was the gift of a single benefactor, Dr. Carcano. It was designed to harmonize with Filarete's masterpiece, but it had also a courtyard which would have graced a royal palace. Then, later, another philanthropist, Dr. Macchio, gave a third building, and the magnificent structure was complete.

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As the Central Hospital gained in artistic splendour, so also its high standing increased. It was intended to serve the whole duchy of Milan, and it rapidly rose to a position of exceptional importance. I entered it in 1900, and it was then the scene of enormous activity, but in the main everything was enacted in the glorious old building. But as the population of the city and the province rapidly increased, so did the pressure on the hospital, and it became necessary to add new buildings to the old. The first of these modern additions bears the name of Alphonso Litta, as it was the gift of his noble family.

This wing was detached from the main structure and erected in the kitchen garden adjoining the Via della Comenda. The benefaction aroused the generosity of the Milanese, and other structures were soon erected and endowed, and the ancient kitchen garden, stretching from the bastions of the Porta Roma to the old hospital itself, was built over. Now a fine array of hospital pavilions appeared, each superior to its predecessor.

It became impossible to extend any further. The administrative council of the hospital, under the presidency of the illustrious Della Porta, decided to erect another hospital outside the city, near the suburb of Niguarda. When the pile is completed all the patients will be transferred to the new quarters, and the vast old palace will be restored to its pristine beauty, and preserved as a magnificent memorial. It will provide gracious adornments to pictures and books, and important administrative departments will have their offices there.

What the future promises for my hospital I cannot say, but I glory in its beneficent past. For from the Middle Ages onwards all branches of medicine, aye, and surgery too,

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there found a welcome with facilities to reap great reward.

Even in the days of Ludovico il Moro the superstition of the Middle Ages imperilled science and thought. Disease was ascribed to sorcery, and should any unfortunate man or woman incur the suspicion of wizardry he or she was burnt alive—a punishment regarded, until relatively recent times, as exemplary. Even the saintly Federico Borromeo viewed it with approval.

When the celebrated Leonardo da Vinci was studying anatomy at Milan, he had to procure his bodies with the utmost secrecy. As I have already intimated, the surgeon's science and art were scorned by the medical profession, who looked down with disdain on surgery. Consequently, surgery fell into the hands of quacks and empiricists, the so-called barber-surgeons. Although some of these practitioners displayed remarkable skill, since they had undergone little if any scientific training, surgery was still very primitive. Ambroise Paré was not yet born, and therefore operators were unacquainted with the ligature of the arteries; they continued to use oil or boiling tar to staunch haemorrhage, just as the witch-doctor did centuries earlier. Contemporary records preserve some striking examples of these crude surgical methods.

Perusing the chronicles of Luogo Pio, I discovered that before 1550 certain premises had been allotted to surgeons for their lectures. Another ordinance of 1598 refers to surgical clinics to which young men were attracted for study, and indeed special courses were arranged. It seems clear that a real school of surgery, however elementary, existed as early as 1687. In that year a marked advance was made, as the Council nominated a physician to conduct

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autopsies and give lectures on anatomy, either in Latin or in the vulgar tongue, to young students. According to Decio, this school existed as early as 1634.

This was the most distressing period in the history of Milan. The people were groaning under Spanish tyranny and were also afflicted with the plague. In 1634 matters improved slightly and the city began to lift its head, but there was a sad dearth of doctors, particularly competent practitioners. And it was at this period that an enlightened and benevolent scientist, Dr. Cristoforo Inzago, suggested that he might practise surgery at the hospital and provide gratuitous instruction for the barbers and their subordinates: "*Cirurgiam tonsoribus, et subtonsoribus, et aliis personis ipsius Hospitalis legendi, absque ullo salario.*"¹

It is interesting to study the various stages of the progress of surgery, but I must omit details, save the circumstance that the Chair of Surgery (if it may be so termed) founded through Inzago's generosity was later occupied by Calvi and Biumi. The latter published a work, "*Scrutinio teorico-practico di Cirogio antica e moderna,*" as well as a verse rendering of the aphorisms of Hippocrates, "*Pro ingenius medicinae tironibus.*"² These are most instructive and throw searching light on surgery as then conducted at the Central Hospital. Primitive and unsatisfactory it certainly was, and so it continued until the coming of Bernardino Moscati.

With the advent of this reformer, surgery made an immense advance, and succeeding generations must give credit to Venerando Capitolo—who was anxious to rid the hospital of Barbieri, Norcini, Preciani, and the many

¹ Of teaching surgery to the barbers and barbers' pupils and to other people of the hospital gratis.

² For simple pupils of medicine.

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quacks who then infested the place—for assisting Moscati in his improvements. Capitolo was far-sighted enough to wish surgery entrusted to the hands of a qualified practitioner—a *collegiato*—a man profoundly proficient in all branches of medicine. At the time Moscati was chief surgeon and *incisore anatomico* at the Pisa University, when he was persuaded to come to Milan. At the hospital he used the *Crociera del Prato* (now the *Sala Pio II*).

First of all he overhauled the surgical stores, completing and renewing where necessary, and then reorganized the staff and raised the general scientific standing of the hospital.

Having remodelled the lines upon which the surgical department of the hospital might travel, the new chief was anxious to study abroad all the latest ideas and most recent developments of medical science, so that he, too, might be up-to-date. His tour was abundantly fruitful. Surgery was at that time divided into a thousand departments—herniotomy, phlebotomy, lithotomy, and many others. Moscati unified all these and effected a sound reform in operative technique. A comprehensive course in surgery was initiated, to which Moscati added a school of obstetrics. It is largely due to him and to our hospital that Milan was in the van of obstetrical progress. She certainly had an obstetrical clinic before Pavia, and not long after Florence and Bologna had blazed the trail.

The great surgeon died at the age of ninety-six, mourned and revered. He was the outstanding figure in the history of our hospital; and yet no monument has been raised by the Istituto to his memory, no statue exists of the unifier of surgery, the tireless advocate of the hospital school. This has ever impressed me as remarkably strange. Even the pavilion of gynaecological surgery, which I have the honour

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to direct, is dedicated to Pietro Moscati, the son, and not to the father, Bernardino, admittedly the worthier and more distinguished of the two.

But his real memorial was erected by Bernardino himself in his own lifetime: his school. Pietro followed loyally in his father's footsteps, and had worthy successors in Monteggia and Palletta.

Pietro Moscati was a man of acute understanding and deep learning, but his preoccupation with politics hampered his advance in purely scientific matters. Monteggia increased the sum of surgical lore, and his works are still quoted abroad—especially in France—though Italy herself has too quickly forgotten them. His *Istituzioni chirurgiche* was considered the best surgical treatise of his time. Palletta was responsible for the celebrated *Exercitationes Pathologicae*, so warmly praised by Scarpa.

And so surgery flourished at the Central Hospital from 1700 until 1849, that memorable year when a strange, almost inexplicable event occurred: the sudden creation of a faculty of medicine. In this year the Austrians were again victorious and Lombardy groaned once more under a foreign yoke. Milan was declared in a state of siege, and among other humiliations the province had to submit to the closing of her universities. At once the Central Hospital, encouraged by the people, organized a university school. The director and his chief assistants prepared set courses and lectured regularly in all branches of medicine without remuneration. The school remained open for some years, doing splendid work, but when the enemy were appeased and the University of Pavia reopened, it reverted again to a simple hospital. Somewhat paradoxically, since the second half of the nineteenth century surgical activity has declined

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at the Instituto. Can the blame be laid at the door of politics, or were there less tangible reasons? However that may be, after the glorious school of the Moscati, Monteggia, and Palletta, the *Universita Medica Ospedaliera* languished and surgery entered upon a period of depression.

The old technique had been exhausted; a new era of surgery was dawning, the epoch of the great bacteriological discoveries and of antiseptic treatment.

Many of the surgeons at the hospital greeted coldly the discoveries of Lister; the old general surgeons were mainly sceptical concerning them. These men, while sincerely devoted to their profession and glorying in the achievements of the past, had reached an age when it seems more natural to condemn than to welcome novelty, when one doubts rather than accepts. Surprised and beaten they might be: convinced they were not.

Thus whilst Pavia had its Bottini, Paris its Péan, Berlin its Langenbeck, Vienna its Billroth, and Geneva its Reverdin, Milan had none who could be compared with these giants! It was just about this time that I arrived at the Central Hospital, and though it humiliated, I had to face the bitter truth.

Through long centuries surgery had evolved in these beloved old halls. Septic and aseptic patients lay side by side and operations nearly always took place in the wards. When a major operation was to be performed messengers were sent through the hospital to inform the other doctors, as it was then an extraordinary occurrence. It might be enacted in the notorious Palletta operating theatre, where no objection could be raised, except that it was the last place in the world in which to perform an aseptic operation!

I will say nothing of our methods of clinical examination

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or of laboratory research, or of sepsis or antisepsis. I will, however, repeat one classic story which, if not literally true, is striking and graphically descriptive of the Boeotian character of bygone surgery. It is recorded that one surgeon, who lectured on anatomy, was in the habit of passing straight from a dissection of a corpse without even washing himself, with his nails and skin still contaminated with the blood of the body, to the operating theatre, where he would operate on and dress the hospital patients.

And there is the story of another surgeon who was engaged on a Caesarian section—with the fixation of the pedicle to the abdominal wall—when he became aware that the assistants had forgotten a rubber seton. Unperturbed, he turned to a window, cut away part of the cord, and proceeded to bind up the uterine stalk with this impromptu surgical device.

Some of the surgeons simply did not know what they should do or even proposed to do. One, about to operate on an abscess in the neck, exclaimed: "God alone knows what this is—I don't!" and inserting the knife at random in the carotid region, sped the patient on his premature path to Paradise.

I would hardly rate implusiveness and obstinacy as two of the most desirable qualities in a surgeon, but some of these fine fellows did. Take the case of the poor patient who was waiting to be operated on for a scrotal strangulated hernia. The assistants had placed the case under observation, knew what was wrong, and had made all preparations necessary for the operation. The professor arrived, promptly contradicted his assistants, made a different diagnosis, asserted that the trouble was common hydrocele and not a hernia at all, and, without more ado, seized the trocar and

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plunged it into the scrotal region. . . . Gas and fecal matter poured out. One can imagine the result!

This was an ill-omened period, as these and many other anomalies about which I remain discreetly silent, testify; the scientific and technical state of the surgical art had reached a low ebb. But the tide was about to turn, thanks especially to the efforts of two famous men: Mangiagalli in gynaecology, and Dalle Ore in general surgery.

Mangiagalli swept away the antiquated methods with devastating consequences. Prejudice, scepticism, and superstition were banished at one fell swoop. The innovator introduced the most refined antisepsis, and stoutly maintained that laparotomy, if performed under prescribed conditions, was perfectly safe. Ten years later, when he was unanimously elected professor at Pavia, he devoted his inaugural address to an exposition of his own laparotomical researches and his audience listened in stunned silence. He was regarded as a fantastic dreamer, but the laparotomical operations which he described had actually been performed at the Central Hospital, and to the Instituto must be accorded the credit that Mangiagalli was permitted to test his theories and perfect his technique within its walls.

What Mangiagalli achieved in gynaecology, Dalle Ore accomplished for general surgery. A brilliant period in the mastery of technique was followed by improvement in hospital quarters, and surgery discarded the ancient for fine modern buildings, superbly equipped. Thanks again to Mangiagalli, graduate surgical clinics were inaugurated which were conducted in healthy competition with the university. The encouragement that the Central Hospital gave to these institutions cannot be over-praised. The hospital provided the greater part of the clinical material

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and it is no exaggeration to say that the university itself could not have existed in the absence of the hospital.

And thus, after many long years, the dream of Moscati and Verga came true. The old hospital schools had won the foremost place and outdistanced the University of Milan. The Boeotia of only a few years before was now the recognized centre of study in Northern Italy: *Universitas studiorum*. The greatest institute of pathological anatomy in the whole world was firmly established on the site of the old villa of Francesco Sforza, and the hospital furnished not only buildings and schools, but the masters also.

Many of the leading staff surgeons were deemed worthy of a chair, and, after competitive examinations, were elected professors. At first there was no surgeon from another university. All had been trained at the hospital. The first director of the surgical clinic was Professor Baldo Rossi, head surgeon of the Fonda Pavilion. The first professor of surgical pathology was Professor Castiglioni, head surgeon of the Ponti Pavilion. The professor of operative medicine was first Professor Crosti, then Professor Bagozzi, both head surgeons of the Litta Pavilion, and I, head surgeon of the Moscati Pavilion, became professor of symptomatic surgery.

So there came into being a Milanese school of surgery, which preserved the glorious traditions of the past.

CHAPTER VI

ABROAD

*Adieu, adieu! my native shore
Fades o'er the waters blue;
The night-winds sigh, the breakers roar;
And shrieks the wild sea-mew.*

BYRON: *Childe Harold's Pilgrimage*

I STOOD ALONE AT THE STERN AND WATCHED THE PORT AND city of Genoa fade in the distance, and, salvaged from my youthful studies, these lines of Byron echoed in my mind. The steamer *Duca di Genova*, plunging her way through the mountainous seas, would not touch land until she reached New York. I was crossing the ocean for the first time and I experienced a touch of fear as I faced the unknown.

It was a gloomy evening, much like that described in *Childe Harold's Pilgrimage*, and I gave myself over to solitude and meditation. I could not tear myself away from the rail. As I watched my native land recede, I reflected on the past two years which I had devoted entirely to surgery. It was my chosen career! Henceforth, surgery was to be my life.

By observing the most rigid economy I had been able to relinquish my practice almost entirely and devote myself to study. Quite by chance I was brought into contact with Professor Baldo Rossi, then recently appointed head surgeon at the Central Hospital, and I volunteered my assistance at the Ponti Pavilion. My offer was accepted, and I put the laboratory in order and made an inventory of all the apparatus and material. This purely clinical and practical work did not satisfy me, and I became engaged on observational

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and experimental research work at the Institute of Sero-therapeutics in Milan, where Professor Belfanti Ascoli rendered me every assistance. It was largely due to these friendly mentors that I was able to complete a series of studies, which I developed in experimental work on *Opsonin* and on the Prognosis of Abdominal Wounds.

At the end of 1905, after two years of intense mental concentration and also of bodily weariness (which, however, I was able to subdue, as I felt my studies were leading to the desired goal), I was overjoyed to win the Parravicini Prize. This included a generous scholarship that would enable me to make a prolonged residence abroad, where I could continue my studies and acquire further knowledge and wider experience of certain branches of medicine. It was fortunate for me that that year the subject for examination had been one of which I had made a special study: surgery of the digestive tract and its improvement—a problem of peculiar interest to me. I entered the lists with good heart, and the result, which lifted me above so many talented competitors, had been most gratifying. I could now devote myself wholly to science untrammelled by monetary troubles or professional engagements.

I left Milan on January 1, 1909.

My first halt was at Lausanne, to which city I was drawn by the fame of Roux and his clinic. Lausanne is a charming place in spring and summer, but in winter I found it detestable: it seemed to be full of wild and mysterious Russian students of both sexes. From thence I went to other Swiss universities famed for their surgical successes—Geneva and Professor Girard, Berne and Dr. Kocher. Great names at that time, now almost forgotten.

Somewhat disillusioned, I felt I had exhausted the Swiss

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clinics in two months, and was considering a sojourn in Berlin, when I met a very congenial confrère, Dr. Doederlein, of Chicago. Like myself, he was on a self-improvement tour, and had chosen Europe. He told me that every self-respecting American surgeon had to come to Europe before practising. It was axiomatic. The trip might last two years or two weeks—never mind—he simply had to breathe European air, were it only that of Parisian boulevards and Berlin beerhalls. Having visited Europe was the important consideration.

Despite his occasional flippancy, Doederlein was essentially a serious man. He visited the clinics assiduously, watched operations, and was unsparing in his acute criticism. He bewailed the fact that so many American doctors come to Europe, and that most Europeans either knew nothing of American surgery or held it in contempt. "We have gone to your splendid schools," he said to me, "and returning home, we have applied what you taught us—applied it on a colossal scale and with the aid of huge endowments. Take your own field—abdominal surgery—you will find among the Americans brilliant laparotomists, impressive statistics, inspired methods . . ."

Slowly a decision was forming: I would act on Doederlein's suggestion. I left Switzerland, hurried back to Milan, and booked a passage on the first boat to New York.

I thought of Doederlein's words as I hung over the side, mentally scanned the itinerary he had planned for me, and found comfort in the remembrance of his cheery God-speed.

The crossing was horrible.

We encountered bad weather in the Gulf of Lyons, and

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it clung to us until we almost sighted New York: twelve days of hell. The worst day of all was March 9, 1909. We were in the middle of the Atlantic and it is engraven on my memory as a veritable day of wrath. The boat creaked and groaned as though it would snap asunder at any moment. It was impossible to stand up, equally impossible to sit down; everything was topsy-turvy. Only four passengers braved the journey to the dining-room, the rest remained in their cabins. Even the captain was away, as he dared not leave the bridge.

At long last the sea quietened down, and through a fog we watched the low coast of America loom nearer and nearer: Sandy Hook, the Sentinel of the Hudson. As we entered the still waters of the estuary, the boat was instantaneously re-peopled. Passengers poured from the cabins and swarmed over the decks, worn and weary folk who stared hungrily at the shore, some of whom had not left their cabins since they embarked at Genoa.

I was told that three thousand emigrants were travelling steerage. I had seen them once and that by chance. One evening, off the Azores, I was going to my cabin when I was accosted by the ship's doctor, who asked me to accompany him to the sick-ward. The tempest was at the height of its fury, and we staggered below. The patient was a man of about forty years of age, lying half-naked and covered with blood. The man had been examined by the doctor and the Government Agent, and they asked me to aid them and share their responsibility.

In the confined quarters and under the dreadful weather conditions, a dispute had arisen and two emigrants (perhaps they did not want to get out of practice) had attacked each other with knives. The poor wretch in the sick-ward had

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been stabbed in the abdomen. He was slightly wounded in the left flank, but it was possible, though we could not be certain, that the knife had pierced the intestine.

What could be done? The doctor was worried. We looked at each other and understood the position without speaking.

Had we been in a decent clinic, with an ample and experienced staff, the answer would have been simple: an exploratory laparotomy, working down, layer by layer. But we were in a primitive first-aid station, and the rolling and pitching of the vessel made it almost impossible to try a laparotomy. I advised watchful waiting, after the wound had been disinfected.

Happily there were no complications, and forty-eight hours later three people breathed a sigh of relief: myself, the ship's doctor, and the wounded man. A fourth person was also re-assured—the impetuous Calabrian who had struck the blow and who, according to regulations on board ship, should have been placed in irons and surrendered to the New York authorities. However, he escaped punishment, for the wounded man was up and about when we reached New York, the captain neglected to report the matter, and the lesion, which might have revealed the affray, escaped the notice of the American immigration officials.

Strictly speaking, we should have made the exploratory laparotomy, and had we done this the result might have been entirely different.

Meanwhile the *Duca di Genova* slowly steamed through the Hudson estuary towards the American metropolis. It was raining. As the thrilling time for landing drew nearer, the emigrants whom I had just glimpsed in the hold, the men pale and thin, the women worn out after the stormy

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passage, began to rush up the stairways and through the doors. With their miserable packs on their shoulders, they seemed like spectres from Dante's *Inferno*. Wizenened infants peeped from the breasts of wraithlike mothers. They were straining towards the unknown future in quest of fortune, and that would probably elude them.

The huge statue of Liberty pierced the fog and vague outlines of great skyscrapers became visible through the haze and smoke. The infernal din of a great port added to the confusion of the scene. But the *Duca di Genova* docked neatly at one of the numerous piers, that of the Navigazione Generale Italiana: the Italian Lines.

New York, the cosmopolitan city, the meeting-place of peoples of all nations, seemed to me at first simply a gigantic monstrosity: it shocked and scandalized an Italian steeped in Southern ideals of beauty and art. Those flaunting skyscrapers and the noisy clangor of the "El" are certainly astonishing, but scarcely admirable. It was a bleak March morning and a light but chilly downpour did not mitigate the first unfavourable impression of this surprising spectacle. I left the boat with an engineer from Turin, and we walked to the hotel with a community of feeling. We recalled regretfully our diminutive but charming Italian cities, with their beautiful buildings and spacious squares, seeing them once again bathed in Italy's brilliant sunlight.

This does not imply that I was even tempted to return home immediately. I had not voyaged on a pleasure trip, but on a scientific expedition, and on that score I was fully satisfied. America was better than I had surmised. I did not ask for what America could not furnish: I concentrated on the practical and useful. I was truly astounded at the

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magnificent scientific and commercial undertakings—tributes to native initiative and organizing ability.

My first impression of American ingenuity was afforded by the gigantic hotels, each as self-sufficing as a small city. For weeks I resided at my hotel without making a purchase elsewhere. On the ground floor or lower levels there are shops and offices: laundries, candy stores, haberdashers, hairdressers, manicurists, shoe shops and boot-cleaning establishments, bars, concert halls, theatres, and cinemas. On the first floor are lecture halls, smoking-rooms, reception-rooms, writing-rooms, and on the higher floors are the bedrooms and suites. Higher yet are terraces and roof gardens, and, at the very top, observatories for panoramic views.

In America the hotel is not a private residence, as it is in England, for instance. The rooms on the ground floor, at least, appear to be completely public. No one is ever challenged as to his business there, nor constrained to make a purchase, and a constant stream of people sweep in and out and do as they wish: rest, read the newspapers, correspond, or merely gaze at the crowd.

The hotels are admirable, and equally so are many other public and private institutions, railway stations, post offices, schools, and especially hospitals. All these institutions are splendidly organized.

The first American hospital I inspected was Mount Sinai, a Jewish institution situated in the heart of the city. It was a model of luxury, cleanliness, and order. The administrative offices are on the ground floor at the end of a cool, spacious, columned vestibule. The private apartments and wards are on the intermediate floors and the laboratories and operating theatres are above these. The many floors are

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served by numerous lifts. The sick-rooms and wards are beautifully furnished; the floors are of hardwood, the walls white. There are flowers everywhere, and all is dazzlingly white, shining, and spotless. I mentally compared all this with certain familiar old rooms which, despite the care they receive daily, always seem just less than completely clean.

But the operating chambers surpass all else. Those of the Mount Sinai Hospital are vast halls of marble and crystal, replete with every possible scientific requirement. The work throughout the entire hospital is so organized that each unit, from the doctor to the lowest grade attendant, functions quickly, silently, almost automatically. In this particular hospital I think the most characteristic note was struck by the white uniformed nurses.

The organization and meticulous division of labour that I saw functioning so perfectly in the hospitals is a basic feature of American business and professional life. Every organization, whether for dividends or for service—hotels, hospitals, public offices, factories—each endeavours to eliminate every form of redundancy. They all operate in the same manner. The selfsame principle informs the work at the Rockefeller Institute for Medical Research as at the Baldwin Locomotive Works at Philadelphia, in the Chicago stockyards as at St. Mary's Hospital at Rochester.

One day I visited the immense stockyards, the central Chicago slaughterhouse, and watched the almost automatic procedure.

The poor cattle were slaughtered and dismembered "serially," as it were. As each one entered the door of the death chamber, a specialist gave him a knock-out blow. The dead animals were then hooked on to a moving chain by

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the tendon of Achilles, which moved along in front of a hundred butchers. Each man had a single operation only to perform as the carcass reached him. For example: one detached the horns, another the hoofs, another the ears, and when the carcass passed the last butcher there was nothing left on the hook. The animal had been dismembered and all the various pieces had fallen through trapdoors to appointed places in the basement, where they underwent further change.

Each man worked automatically with the precision of a machine. He had never done anything else: he was an expert at this, but at no other kind of labour. And so there are men to-day who have never done anything, or thought of doing anything, except cutting off horns, or hoofs, or ears, as the case may be. Superb organization and perfect division of labour, no doubt, but the man whose daily perspective is narrowed down to this single operation—this rigidly prescribed round of manual labour—can easily end by becoming little better than a cretin.

And throughout all American industrial establishments, in workshops and laboratory, from the Chicago stockyards to the Baldwin works, from the Ford factories to the Wanamaker warehouses, in so far as they approximate to the perfection of the stockyards' organization, they are efficiently managed and conform to standard. But what struck me as most curious was the fact that this system can be applied to the most noble manifestations of human handiwork—to surgery, for example. The clinic of the Mayo Brothers, at Rochester, Minnesota, is an instance of this.

The Mayo clinic was, at this date, the Mecca of surgery, and at one time or another all the leading American

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physicians and surgeons had made their pilgrimage to the shrine. The most marvellous operations were conducted there, and deeply impressive statistics were compiled. The two Mayo brothers directed it. They had literally created it out of nothing and had erected it on the plan of a model industrial establishment. There was no deviation from a set procedure. The patient who wishes to be treated at the Mayo clinic in the first place presents given credentials at the registration bureau. Here are a number of waiting-rooms, of surgeries, and consultation-rooms. Each surgery is under the control of a specialist, who treats only those patients whose disease comes within his special province.

After registration, the patient returns to the main office and receives a divisional card. A nurse makes a preliminary examination by means of question and answer, and ascertains to the best of her ability the nature of the malady, and sends the patient to the appropriate surgery. The specialist examines him, questions him, and so on, conferring when necessary with other colleagues and specialists (the X-ray expert, the chemist, the histologist), and finally, if an operation is needed, hands the patient over to the surgeon or, more precisely, the operator. The latter glances at the patient on the operating table and cons the admirably presented and detailed diagnosis. All the operator has to do is take in his hand the requisite instrument and cut according to directions.

The division of labour did not terminate at the door of the operating theatre. Within the room each operator had his own special task. I remember that William Mayo preferred to operate on the abdomen, Charles the head and neck, and so on throughout the entire staff.

I willingly admit that by means of this admirable

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organization and division of labour, perfected and carried to almost incredible degree, the Mayos achieved what no single-handed surgeon had ever been able to produce. All this is excellent. But when one thinks of the doctors, confined to the execution of one single task—the anaesthetist, for example, who administers only ether—one is instinctively led to compare them with the Armour and Company's butchers at Chicago, those expert operators on horns, hoofs, and ears—worthy fellows all, but who are of little worth save as amputators of horns, hoofs, or ears.

The Latin temperament rebels against this regimentation of human labour, this restriction of personal choice. It is the great universal geniuses, men like Leonardo, Michelangelo, Pico della Mirandola, and in medicine, the men of broad vision, the inspired clinician, the all-round surgical master, men of wide culture and varied activities, who command our ungrudging admiration.

Americans and their enthusiastic pupils will not agree with me, but my Latin temperament will always incline me heavily to the belief that the rich and fruitful intuitions of the "universal" mind will always prove of greater service to humanity than the slick ingenuity of the single-track mind.

Although I felt bound to reserve judgment on the tendency pervading American surgery, I was impressed by the giant strides that have been made in operative technique. I met few outstanding clinicians on my tour, but I found many brilliant operatives—at Chicago, Philadelphia, Baltimore, and New York.

American surgeons are famous for their skill, the equip-

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ment and operating departments are perfect, the work is admirably apportioned.

I was often present at operations when not a single word was spoken. In abdominal cases the most elaborate care is taken: the sutures are like fine embroidery, the asepsis is flawless, general and local anaesthesia are administered to perfection, and the instrument case is completed to the veriest detail. The work of certain nurses is confined to the preparation of the materials for the sutures, and these materials, too, offer an endless variety in quality and methods of preparation.

Such technical finesse and unremitting care so remarkable in detail did not leave me unimpressed. With unflagging interest and keenly observant of every innovation, I passed through the clinics and hospitals of New York, Chicago, Rochester, Baltimore, and Philadelphia. I returned to New York, and before leaving observed carefully the work of Carrel at the Rockefeller Institute; his transplantation of glands and organs—then a new departure—and his operations on the blood vessels. I should be lacking in appreciation of a great country and to the genial surgeons and colleagues who generously revealed to me the marvels of their craft, did I not gratefully acknowledge all the knowledge I gained in the United States. But I must admit that I left this land of wonders with little regret.

About the first of May I boarded the *Adriatic*, one of the giant steamers of the White Star Line. From the quarter-deck I saw the forest of skyscrapers at the tip of Manhattan as they vanished from view, then Brooklyn and the Statue of Liberty faded on the skyline, then the peninsula of Sandy Hook, the last stretch of visible land receded. . . . I turned my

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back on the New World without a sigh. So many marvels, so much of "the last word," had dazzled my eyes and occupied my mind, but nothing, or very little, had touched my heart. America was no land for me. Every day I felt a growing nostalgia for Europe, especially for Italy.

I could not accept the American business man without reserve—so absorbed and so intent on making money. It is only too true that money is the measure of everything in this world, but I wearied of the frank American appraisal of the other man: "How much is that fellow worth?" Neither did the women please me overmuch. True, they were often very lovely, very *soignée*, and full of life, but too palpably pleasure-seeking; often, it seemed to me, unfeeling, and too accustomed to regard their husbands as the source of wealth and comfort and as subservient ministers to their vanity. And the young men made no more powerful appeal to my sympathy. They are vigorous and forceful, well able to hold their own in the battle of sport and life, but I thought them lacking in filial affection, too ready to desert their parents in their struggle for money and social advancement.

As for the cities they left me entirely unmoved; they are boringly monotonous in their uninspired symmetry, and are devoid of artistic interest.

An uneventful voyage of six days brought me to Cherbourg, thence by train to Paris, when I roused myself from a reverie and found myself near home. It was a lovely May morning and a bright sun shone over the Champs-Élysées and the Louvre. I greeted the Seine and the Invalides as familiar friends. I cannot express as vividly as I feel that liking for Paris that other Italians have also enjoyed. Whatever historical barrier or geographical space extends

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between them, Paris and Milan are never far apart. A sentimental tie unites the two cities, the intangible but deep feeling which, after the worst misunderstanding, always reconciles the two nations.

For an Italian, and especially for a Lombardian, Paris has always been the great lighthouse, the legendary city, the *ville lumière*, the great centre whence the choice spirits, the men of letters, and the artists intent on a career or on glory, always return. For surgeons, too, Paris has always been a great school, but on this occasion there was no time to indulge my scientific curiosity. I was too anxious to get home. Moreover, I already knew the Parisian school of surgery, which I had attended some years before, and I did not expect to find anything new. At the moment I was too full of American memories, I was saturated with novelties, with recent surgical progress, with impressions of all I had seen in the operating theatres.

The old hall of the Hôtel Dieu and of the Necker Hospital were still as I had left them a few years before, and would not stand comparison with the latest clinics of the United States, those superb hospitals, resplendent with marble and crystal, those operating rooms, which had been so richly endowed by American millionaires.

Nor was there any call for me to hear the "word" of those masters, famous and talented in their way, at whose feet I had already sat. I had admired their lectures, their books, their abundant labours. The Sorbonne was still the same, and the *aule* of the Faculté de Médecine still resounded to the voices of Quenu, of Hartmann, of Faure, of Lejars, of Tillaux . . . names all dear and familiar to me as that Boulevard St. Germain which leads to the university and to that *Quartier Latin* where between one alley

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and another you can still see the old Café Momus, around which pulsed the life of la Bohème of Murger, with his Mimis and his Musettes, and all the spendthrift and indolent artists.

This time I could only spare one day for Paris, but in those twenty-four hours I revelled in that atmosphere of Latinity, of touching memories, of aristocratic refinement, and of the nameless grace of life. In Paris I wanted to recapture and admire and enjoy once more Europe itself, and obliterate the oppressive memory of those monotonous American cities, without art, without history, without taste; those horrid skyscrapers, vast and oppressive as a prison, those "elevateds" reverberating with metal.

In those few hours then I passed swiftly through the boulevards and the avenues. Beautiful indeed was Paris on that bright May morning, in that "season," which gathered up all the luxury and the elegance of the world.

Leaving my hotel in the Boulevard Malesherbes, I paused to admire the classical outlines of the Madeleine, then strolled along the Rue Royale, glancing in the windows of famous jewellers' shops, and so reached the spacious Place de la Concorde, where the old obelisk of Luxor rises behind the Jardins des Tuilleries.

I stopped to admire the superb spectacle of the Champs-Élysées, overflowing with luxurious carriages and powerful automobiles as far as the Arc de l'Etoile, then, like a good Italian, I made for the Louvre Museum, to gaze once more upon those magnificent works which recalled my distant country.

As I say, on this occasion surgery was not part of my programme, but I could not leave without paying homage to those canvases of Giotto, of Cimabue, of Raphael, and

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of Titian, but, above all, to the Mona Lisa of Leonardo, that sweetest of ladies whose mysterious smile fascinated me.

Passing through those vast ornate galleries, covered with precious pictures, I felt almost in Italy, so potent is the influence of the Italian spirit in those halls. Returning through the garden of the Carrousel, I passed under that Arc de Triomphe which Napoleon built to celebrate his victories; Napoleon, another of my heroes, and an Italian too.

But when I came out of the gallery into the sunlight of that radiant May morning I felt a keen desire to see the countryside, and could not resist the impulse to jump on a tram going to Versailles. I passed along the banks of the Seine, through the Parisian suburbs, and reached the immense château.

I was already acquainted with this delightful spot, but the immense park had never seemed so fascinating as on that perfect spring morning. The hall, the terrace, and the staircase leading to the orangerie seemed peopled with a crowd of elegant figures: ladies and their cavaliers, ministers and soldiers, servants and courtiers . . . all prostrating themselves before the great Louis XIV, le Roi Soleil, the author of all this magnificence.

Musing thus and evoking a crowd of historical memories, I did not notice the flight of the hours, and hurried from the scene in order to visit Napoleon's tomb, a homage which I never omit whenever I visit Paris. Under the dome of the Invalides, in the solemn subterranean silence, the remains of the great Emperor repose in a plain sarcophagus of red porphyry. Around the tomb are draped the flags captured by his arms and the symbols of his glory.

When I left the temple my day was over. In those few hours I had refreshed my spirit in the atmosphere of Paris

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and indulged my love of historical introspection. After the sojourn in the New World, I needed this regenerative pilgrimage.

By now the day was far spent, and I had to return to my hotel. I hurried along the quays of the Seine until I reached the vast Place de la Concorde. I climbed the steps of the obelisk, my favourite post of observation. This was the very spot on which the guillotine was first set up in 1793, when the heads of Louis XVI, of Marie Antoinette, of Danton, of Robespierre, and of many others rolled in the dust, but in this moment the scene was bright, gay, and animated. In front of me again was the fine avenue of the Champs-Élysées, with the Arc de Triomphe in the distance; on the left the Rue Royale as far as the Greek temple, which is the Madeleine; across the river was the Palais Bourbon, left of which was the Grand Palais des Beaux Arts, and dominating all was the Eiffel Tower, illumined by the last rays of the setting sun.

And at that hour all those squares and those thoroughfares were palpitating with movement and with life; a host of carriages, of motor-cars and persons whirling in every direction; foreigners of every nationality, drawn like a magnet to the great sorceress of a city in quest of amusement, overflowing into the streets, the cafés, the theatres, the cabarets, intent on pleasure and enjoyment.

Riveted on this spot, I felt that all the charm, all the luxury, and all the magnificence of Paris could never make me forget dear Italy, my own country, and I was suddenly filled with longing to reach home as quickly as possible.

And when at last, forty-eight hours later, I saw the pinnacles of the cathedral and the golden Madonnina, my heart was full and tears rose to my eyes. I had returned to

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my own country—I was at home. May I dwell there till I die.

My family awaited me at the barrier in the old central station. My mother wept openly, my sister was moved, and my brother was gloomy and preoccupied. They had missed me sadly, and the thought that I was soon to leave home again for six months made grievous my brief return. I offered consolation, but two weeks later I departed once more for foreign climes.

But before I left Professor Mangiagalli desired me to lecture on "Surgery in America." The subject attracted a vast audience of interested doctors, who thronged the imposing amphitheatre in the Via Commenda to hear my address. I exhibited stereoscopic slides of some of the great American institutes, hospitals, and universities, and described their admirable methods. I concluded by comparing Carrel's remarkable experiments with the beautiful legend of Saint Cosmas and Saint Damian.¹ I was amazed at the

¹ Jacobus a Voragine tells the story of the caretaker of the old basilica of Saint Cosmas and Damian at Rome who had a leg that was half eaten away by cancer. One night he dreamt that the two saints appeared at his bedside and held a consultation.

"We'll have to amputate," Saint Cosmas declared, "but where can we find a healthy leg to replace this one?"

"I have an idea," Saint Damian replied at once (for he was a patron saint of surgeons). "A man was buried to-day in the cemetery of San Pietro at Vinculis. Let us take one of his legs and give it to our faithful servant."

No sooner said than done. The saints took the dead man's leg, and, in place of the diseased limb, grafted it on to the stump.

The caretaker woke up, found to his joy that his bad leg had vanished, and told everyone of his dream. The people rushed to the grave, and found the dream true—one of the legs had disappeared. In its place they found the old caretaker's.

The first transposition was depicted by Fra Angelico in a painting at the Museo di San Marco, Florence.

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thunderous and sustained applause at the conclusion. Echoes of my long past ovation still linger in the memories of some of my colleagues—and of mine. Further, I became “news,” and was for a time the darling of the public.

In the meantime I applied for permission to compete for the fellowship in clinical surgery. I had chosen for my thesis renal haematuria, which was a theme of lively and immediate interest, as doctors were just beginning to investigate essential haematuria. The only men of whom I had knowledge as experts in this branch were Albarran at Paris and Israel in Berlin. Unhappily, Albarran had been stricken by the dire disease that was to prove fatal, so I went to Berlin.

My best friend, Aliprandi, was studying pathology of the digestive tract in Berlin, and he met me at the Anhalt Bahnhof. He had reserved a room for me at the Pension Charité, where a small colony of Italian medical students had congregated, among them Professor Ferrata, the future famous clinician of the University of Pavia. Ferrata was then a simple student doctor, but a brilliant pupil of the celebrated Pappenheim, whose haematological lectures he was then following with critical appreciation.

My long day was divided between the Juden-Spital, where Israel taught, and the Langenbeck-Haus, where Bier lectured. We students met in the evening at a café in the Alexanderplatz and long and unwearied were the scientific discussions in which we engaged. We would wrest the spoils of science from the great Berliners and carry them back triumphantly to our own land.

Berlin was then at the height of its fame. The great capital represented the might of Germany; she aspired to be the new Athens. Men of all nationalities, even Americans,

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Japanese, Chinese, and Indians, thronged the halls of its universities, libraries, and clinics, a cosmopolitan pilgrimage of students from all parts of the globe.

The professors basked in a reflected glory and looked down a little proudly from their Olympian heights. Both Koerte, at the Krankenhaus am Urban, and Krause, at the Augusta-Spital, received me somewhat superciliously. These princes of German surgery (our countries were still allied, by the way) were plainly of opinion that Germany was *caput mundi*, that no good thing could appear outside Germany, and that all we foreigners need do was to follow meekly—and silently—in their footsteps.

The Berlin libraries did not contain a single Italian surgical journal. I noted this deficiency and thought of our own libraries groaning under the burden of *Archiven*, *Zeitschriften*, *Central-blätter*, and others, for some of my colleagues, in order to bring their works to the notice of *Italian students*, were in the habit of publishing their articles in German periodicals.

Still more noticeable was the politico-military aspect of Berlin at that time. The great capital, like a barracks full to overflowing, exuded militarism. Even the scientists—the surgeons even—affected military manners and marched like soldiers. The operating uniform aped the officer's cloak, and the discipline of the barracks pervaded the hospital. When in our leisure moments my companions in exile and I would go to the Tempelhofer-Feld and chance to witness one of the frequent military parades, we would watch in silence. In silence we exchanged glances and thought of the tragic conflict that was impending.

This was 1909; the catastrophe came five years later.

In spite of the somewhat unfriendly atmosphere and in

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spite of all the pervading tone of Teutonic triumph, my sojourn in Berlin was not unhappy and I profited considerably. My days were spent mainly at the library, the Juden-Spital, and Professor Israel's house. I worked hard at my thesis on renal haematuria and Professor Israel, ever kind and helpful, furnished me with clinical examples, suggestions, and advice. I have no words in which to express my gratitude to this good, learned, and gifted man. He was in every sense a lovable man, although to many, alas! only a Jew. Because of the restrictions imposed on Jewish doctors, he had not been able to attain the professoriate, for which he was so eminently worthy. The modest Juden-Spital was his restricted sphere of work, and yet his inherent merit won recognition in spite of these cramping conditions and he was recognized as one of the foremost urologists of the age. All honour to him!

CHAPTER VII

ROSES

BY THE BEGINNING OF 1910 MY TRAVELS WERE OVER AND I had concluded my self-imposed inspection of the leading clinics of the world. I had gathered the most varied information concerning surgical science, and had made a special study of the most recent developments. Being thus primed with the latest surgical lore, I was deluded into thinking that on my return I should find no difficulty in establishing myself as a successful surgeon.

Nothing of the kind! My opening attempts to practise as a surgeon were anything but encouraging. After being absent a year, my first and faithful group of patients had become dispersed. Moreover, I was disinclined to continue as a general practitioner. My old patients who called on me for obstetrical treatment did not return, as I had forsaken this branch of healing. I was now wedded to general surgery, to which I proposed to devote myself exclusively, but no surgical work was available.

I realized that I still lacked sufficient standing to be accepted as an expert operator. So my diary remained blank and, what was worse, I began to lose heart. To add to my despondency, some of my surgical colleagues at the hospital appeared anything but pleased to see me. My words were listened to with a frigid politeness that implied an utter lack of interest, while my descriptions of innovations were received with chilling scepticism. Perhaps they dreaded competition. In any case they smiled incredulously and dubbed me "The American."

When I complained to my friend Bandini, he counselled patience, and rallied me for supposing that a crowd of patients would be waiting to meet me at the station.

"You must serve your apprenticeship and wait your turn!"

My friend, who always gave practical advice with an encouraging laugh, was correct. The examinations for the medical fellowship were about to be held, and during my year abroad I had maintained my studies. My thesis was finished and gained the approval of Professor Israel. I surmised that it would be a walk-over now.

The practical test took place in the small hall attached to the old clinic of Parma University. The hall was crowded with students, curious spectators, assistants, and even lecturers. The test related to the symptoms and diagnoses of intestinal tumours. From Milan a few of my colleagues had journeyed, whose frowning features were anything but promising. It would be foolish to expect indulgence from them. Nor were the examiners themselves particularly encouraging. From their viewpoint they were right. Here was a walker of hospitals actually aspiring to a professorship in clinical surgery and operative medicine without having gone through the university grind. Why, the clinical professorship was a preserve for university assistants, which no one could hope to secure who had not previously been a professor of pathology at the very least. So ran their thoughts.

My enemies regarded me as an adventurous practitioner who wanted to print the word "professor" on his visiting-cards simply as a commercial asset. Such pretensions deserved to be treated with pointed severity. And the examiners intended to be severe, as I was really little better than an interloper in the university domain.

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I began hesitatingly and trembled slightly, but when I was fairly launched in my exposition of this important department of clinical practice, words came thick and fast. All that I had gathered in a year's cramming came to me with effortless ease. I thought I saw the faces of the spectators assume a more friendly appearance. Then they seemed almost cordial, and even somewhat surprised. When the President rang his bell at the end of the hour allotted to the lecture, there was an outburst of applause and I received hearty congratulations. Baldo Rossi and Castiglione clasped me warmly by the hand and embraced me. Both were sincerely moved.

I returned to Milan, gratified if not victorious, and strange to say, a few patients began to present themselves.

This was the beginning of the important part of my professional life, what the Germans call *werden*: not being, but becoming; in short, getting on. My old friends of the Obstetrical Station were my chief assistants and colleagues. I was appointed consulting surgeon to the clinic they had founded, the Queen Helena's Home, and I performed my first operations in that institution, then in its modest beginnings but now deservedly famous.

As I have said, when I began my career surgery was coming into its own.

What with the improvements in anaesthetics and the introduction of large sterilizers, rubber gloves, and sterilized thread in asepsis, surgeons seemed to have invented all the appliances they would ever need.

"Modern surgery was a new world" (I quote Faure) "which had gone beyond all dreams and performed all kinds of miracles, and had progressed in the technical

sphere so far as to leave no more worlds to conquer. . . .” And, in truth, the technique of surgery has, broadly speaking, made little progress since that time. The only difference is that the earlier enthusiasm and daring have given place to greater circumspection and prudence.

I was fortunately beginning my work in an enthusiastic age and of one of my first cases I retain the liveliest recollections. I was resting one day when a man about fifty, looking haggard and woebegone, was brought in. He handed me a note from a Lugano colleague, which briefly narrated his doleful history. He was suffering from chronic neuralgia of the trigeminal nerve. For years he had been subject to bouts of terrible pain. Starting in the eyes and forehead, the pain would extend to the right side of the head and face until the torture was excruciating. After a few hours the agony subsided, only to recommence much worse than before.

The poor wretch had tried every remedy which science could offer. He had attended all the Swiss hospitals; he had been given local injections of alcohol, but without avail. I examined him and discovered that the suborbital and supraorbital nerves caused the greatest pain. Subjected to pressure, these nerves gave rise to appalling agony. I advised their removal without delay. This very simple and innocuous operation was performed almost immediately in my surgery, and was completely successful. The poor patient returned to Lugano in the seventh heaven of delight; the pains had disappeared.

I heard nothing of him for about six months, when one day, during visiting hours, my porter rushed in and said that a patient he had just shown into the waiting-room, and who wanted to see me urgently, had suddenly collapsed and

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was writhing in agony on the floor like a man possessed. I hastened to the unfortunate man, who was yelping like a dog, assisted him to the sofa, and waited for the attack to subside. Then he told his story. He had returned happily to his family and his occupation, as the pains had completely vanished, but after five months they had recurred even more violently and frequently than before, thus making the lightest task impossible.

He was a religious man, with a wife and eleven children, but he had no desire to live, and would soon have succumbed to a suicidal impulse. He realized the danger of this and before abandoning all hope he had returned to me as a last refuge. He implored me to do something really drastic to preserve his life. And all this was accompanied with sighs and lamentations, folding of hands in attitude of prayer, kneeling and flinging himself on the floor.

I looked on in bewilderment. Never in my brief career had I encountered such suffering and despair. What could I do for the pitiful patient?

Decidedly something must be done. As the attack on the peripheral region had failed, it was necessary to assail the central region and endocranium. It was essential to open the cranial box, trace the source of the great trigeminal nerve, and remove the Gasserian ganglion which embraces all the roots of the nerve.¹

Easier said than done. I shivered at the danger of such an operation. I knew all about the operation in theory, but had only conducted it on dead bodies. There was a rumour that this operation had been attempted and even performed in Milan, but nothing had been published concerning it,

¹ Now they do not extract the ganglion, for the so-called retro-Gasserian neurotomy is much easier and is less unpleasant.

nor was the name of the surgeon known. It seemed very daring for a mere novice, such as I was, to undertake it, and on a private patient above all.

On the other hand, I *felt* that I must act, and could not possibly refuse. The poor devil had stopped writhing; he stared at me and read my thoughts. He grasped my hands, "Do try," he implored me, "I have faith in you. Try something, or I will kill myself, and you will never forgive yourself for driving me to suicide. If you are afraid, I will sign any document you wish."

I smiled, for I had been meditating on this very contingency, and he signed a full and explicit declaration, relieving me from any responsibility whatever might be the consequences of the operation.

So two days later the operation was performed in the presence of the Lugano doctor and my anxious and eager assistants. The Gasserian ganglion was deftly removed, and nineteen days afterwards the patient, now happily restored to health, was introduced to the Society of Medicine and Biology.

How sceptical my colleagues were! Old Professor Denti even wished to examine the patient's cornea to assure himself that all sensation had really been destroyed, and when I exhibited the fine Gasserian ganglion all complete in a small metal basin, my most intimate friends insinuated that it was all too perfect, and must have been removed from a corpse. Auspiciously enough, the operation had been witnessed by several persons, although my best testimonial was supplied by the condition of my patient, who was cured this time completely.

Signora Ermellina is now a happy wife and mother,

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devoted to her growing family, but when I first met her, during the opening years of my career, she was neither married nor healthy. She was then a very delicate young woman, whose indisposition was a perpetual worry.

Having lost all faith in medicine, she came to visit me, as she had been informed that surgery could perform miracles. She was suffering from abdominal trouble, which no one had been able to diagnose, much less treat and cure. She had recurrent stomach pains, her digestion was disordered, while chronic constipation was only relieved by attacks of diarrhoea. She had been suffering for more than twelve months. Doctors who had seen her obviously did not know what to make of the symptoms. One thought it was colic, another said appendicitis. A recent swelling in the left side had suggested the idea of floating kidney. In short, it was a pretty puzzle.

The poor girl passed her days, which should have been the happiest of her life, between one period of pain and another, and was reduced to a state of blank despair. As a last resort, she had consulted a surgeon. She desired to be killed or cured, as death itself was preferable to the illness she had been enduring.

She looked at me appealingly, with tears in her blue eyes. Who could remain unmoved?

I studied this curious case to the best of my ability, and after several examinations came to the conclusion that the girl's intestines were seriously injured, being in several tracts shrivelled and nearly closed. The nature and cause of the malady, however, remained doubtful, as none of the chemical, microscopic, or radiological tests had solved the problem with any degree of certainty.

I promised the young lady that I would utilize every

resource of the surgeon's art to cure her. With the patient's consent I opened the abdomen and found what I had feared: a considerable part of the intestine was in a tuberculous state; several tracts were shrunk; others were so congested that they suggested tumour. It was necessary to remove the diseased section, including a lengthy tract of the small intestine, the caecum with the vermiform appendix, all the ascending colon, and a large part of the transverse colon—more than a yard all told.

When I completed this I attached the end of the small intestine to that of the transverse colon, and the operation was concluded. A fortnight later the patient was able to walk about and leave the nursing home. She felt completely cured. Nothing remained of her malady but its memory. When I saw her a few weeks later she was beginning to bloom again, and then I lost sight of her.

I learned subsequently that she was engaged to be married, and one day I encountered her in the Arcade leaning on the arm of a fine young fellow, who was doubtless her sweetheart. When she saw me she smiled, but did not speak or introduce her companion. Perhaps I revived memories that were too painful; perhaps she feared that I would reveal things that were better forgotten, of which her intended husband was unaware.

For all that, I felt some gratification in reflecting that her very evident happiness was largely due to me.

There are problems in surgery which tax the brain and skill of the operator to the utmost; cases which are extremely complicated and beset with pitfalls. In such instances remedial measures are difficult of attainment, but success may crown the surgeon's efforts. Of these the layman is

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usually ignorant. On the other hand, there are striking cases where the cure is so easy and the operation so simple as to seem almost ludicrous to us, while to the layman they appear amazing. The public remains unmoved by a virulent cerebral tumour or the excision of a pyloric cancer, but glows with interest when the surgeon leaves the operating room with a huge ovarian cyst or a uterine tumour nearly as large as a pumpkin.

As a matter of fact, there are operations which provide conspicuous results for little labour, and these are likely to extend a surgeon's practice and spread his fame. I had several of these cases in my first years of practice.

A colonel's wife was, if I may say so, one of the most successful agencies of voluntary advertisement on my behalf. The poor lady suffered martyrdom from indigestion. For many years her life was a torment. She was never free from a feeling of misery. Immediately after every meal, especially if she had eaten highly seasoned food, she was attacked by severe pains in the epigastric region, "at the mouth of the stomach," she said. These sensations lasted several hours, then became weaker, and finally disappeared. At first she had paid little attention to them, as they had begun almost immediately after her marriage, but her sufferings soon eclipsed everything else. The ailment so increased in intensity that it seemed as if a sword were being plunged into her stomach, and after every meal the poor woman was compelled to retire to her room, and to lie on her bed with hands clasped tightly round the abdomen while she groaned aloud.

Cramp in the stomach; acidity accentuated by gastric trouble; gastric ulcers; all these ailments had been suspected. The disorder had been intensified by the lady's first preg-

nancy, and suckling her baby was out of the question. But after her confinement she submitted to a strict diet, combined with prolonged medical treatment, with the result that the pains grew less violent and eventually disappeared.

After a few years she became subject to fresh gastric disturbances. There were no acute pains after meals. In fact, the lady felt no real pain at all, but when taking her meals she was conscious that the food was not being digested. *The nutriment did not pass.* After a meal her stomach was like lead, as if the food had become blocked, and sometimes, hours later, she had painful and unpleasant eructations.

Different doctors and specialists were consulted, and all kinds of specifics were then tried, but without success. The lady's existence was one of chronic misery, wearisome alike to herself and her family. Meals were dreaded; she would have discarded them if she could, and now she had given way to perpetual despair and soulless apathy. Her good looks had departed, she was as thin as a rake, plainly no longer the woman she had been.

In this melancholy condition she had passed the best years of her life.

Eventually she was subjected to an X-ray examination, which yielded results it would not have been difficult to guess; she had an old pyloric ulcer, which the family doctor had properly diagnosed and cicatrized. But the cicatrice had formed a ring, a little belt, which was compressing and obstructing the pyloric orifice. Thus it was only with the greatest difficulty and in small quantities that food could pass from the stomach into the intestine. It was situated in the gastric pouch, which was consequently becoming ever more distended. In short, the condition was what is

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scientifically known as cicatrized stenosis of the pylorus, with secondary gastrectasia.

Friends had suggested the likelihood of a surgical remedy, but the lady had a horror of the knife. Moreover, the family doctor had advised them to give the question very careful consideration, as it might be effective in sending her to Kingdom Come. So girlhood had passed and womanhood had come, until one day her condition grew rapidly worse. As might have been anticipated, the pylorus closed completely, and she began to vomit all the solid and liquid food she had taken.

Then the Colonel called in another doctor, who was astounded at the spectacle of so much physical suffering. Why had the matter been left to worsen in this way, after so many painful years? Summon a surgeon at once, in case there was still time; and let him be an intrepid operator! Some courage would be needed to cut into that living corpse. . . .

As soon as the patient was removed to hospital I gave her cardiotonic and hypodermic injections in order to increase her vitality, as the heartbeat could scarcely be detected. The poor patient submitted to everything like an automaton. When I emptied the stomach with a pump, there were the fetid remnants of food partaken three months previously. As soon as her general condition had improved I performed a swift and easy operation with the object of opening a new and ample passage between the stomach and the intestine.

The lady left the hospital ten days later, completely cured. She could eat and digest anything as never before in her life. She was like a woman regenerated.

A month later her weight had doubled, and no one could

have recognized her. Her character, too, had undergone a profound change.

She invited to dinner friends, relatives, and acquaintances, all those who had been familiar with her former wretchedness. She paraded before them the miracle that had been wrought and loudly sang my praises. In fine, I was her saviour. Thus my name made the rounds of the drawing-rooms, patients multiplied, and I looked like becoming a fashionable surgeon merely as a result of a simple gastro-enterostomy.

I scored several spectacular successes of this kind, but other cases came my way which, apart from their happy termination, were interesting from the operator's point of view, and also of scientific importance.

My work on the liver and the bile ducts yielded many goodly results.

Very little biliary surgery was practised in Milan at this time, and antiquated and primitive appliances were employed for what little was done. I had but recently returned from a tour of the clinics of Germany and America, where I had become acquainted with all kinds of procedure, which I was impatient to try. Thus I came to perform many serious operations, the results of which were published in scientific journals, while my patients were exhibited at scientific congresses.

Among my operations on bile ducts I may recall one which spread my fame not so much on account of the operation itself as by reason of the personality of the patient. She was an aristocrat who belonged to the most select circle of the Milanese nobility.

The poor sufferer had been tortured for twelve years by

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hepatic colic. She was forty-eight when she first endured these pains, which then came at infrequent intervals, but the periods of painlessness grew shorter and shorter. Usually after meals the lady experienced acute pains on the right side just below the ribs. These were sometimes very severe, almost agonizing, and soon became unbearable. The patient had to lie down, but this brought no relief, as the pain spread to the shoulder and even invaded the back. The family doctor regularly prescribed the same remedies: hot compresses on the afflicted parts, with an injection of morphine; but the suffering still continued for several hours until it gradually diminished in intensity and ceased, leaving sore the affected parts. Sometimes she had a touch of fever, sometimes succeeded by an attack of jaundice. The physician termed it biliary colic, colicystitis; probably gallstones. The lady tried every remedy, visited every spa, and imbibed all varieties of mineral waters. But instead of recovery the attacks became more frequent than ever.

As the colic incapacitated her after meals the miserable patient lost all desire to eat and was reduced to a very low state. Her husband, a gentleman of considerable wealth, had called in famous physicians from near and far, who all made the same diagnosis and prescribed the same medicine, but he had never consulted a surgeon. Almost as if by tacit consent, the word operation had never been even whispered in the household. Twelve years had now passed without remedy, and the invalid wife was in a dying condition. Latterly, she had refused even liquid nourishment, and her state of debility obliged her to keep her bed. At last they decided to call in a surgeon, and then, for the first time in my career, I refused to operate.

The patient's physical condition seemed to me too fragile

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to risk such an operation, and I also declined because I did not consider it fair that I should have been summoned, at the eleventh hour, to a social sphere where failure would have spelt professional ruin to me as a young practitioner, in view of the family's standing in society. Yet I ultimately yielded to the entreaties of the family and the solicitude of a colleague whom I revered.

The lady was removed in a Red Cross ambulance to a nursing-home, which was close at hand. After due preparation, I operated. The lesions I found in the bile ducts were decidedly serious, which was only to be expected after so prolonged an illness and so many attacks of colic. The operation was a grim battle with death, but I proved to be the victor.

Many years have elapsed since then, and from time to time I visit my former patient. She confided to me that she had only begun to enjoy life after that drastic surgical operation. But when I reflect that the same procedure might have been taken ten or twelve years earlier with far greater facility and brighter promise of success, I cannot but deplore the antagonism of some medical men and, above all, the public to surgical operations.

How much suffering might be avoided, how many lives might be saved, if patients were only despatched to the surgeon in good time! Instead of which surgery is always looked upon as the final hope, and we are driven to operate on patients, so to speak, in *articulo mortis*. Sometimes failures, which are imputed to surgery itself, should be attributed to the real culprit. This is not the surgeon, but he who refuses to recognize the symptoms when he sees them or fails to take prompt measures to deal with them.

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With regard to gallstones, a distinguished physician once told me that he would call in a surgeon only in serious complications, such as abscess of the gall bladder or the mechanical occlusion of the bile duct. This opinion implies that operations should be confined to strangulated hernias, appendicitis when peritonitis has set in, and on gastric ulcers only when they are perforated.

But if we acted on this theory our statistics would record a dismal tale, and the surgeon's profession would hardly be an enviable one. Let us hope rather that whatever prejudices doctors still harbour against surgery will soon be overcome and, above all, that a more enlightened attitude on the part of the public will smooth the surgeon's path.

It has always been my greatest care to avoid disfiguring the human body. I do not mean by this that I am particularly devoted to what is called aesthetic surgery. Smoothing wrinkles, improving features, restoring complexions, lifting flabby breasts constitute a branch of surgery much in favour, but it appertains rather to the beauty parlour and could hardly arouse enthusiasm among those who take a lofty view of their profession. For all that, it is the surgeon's bounden duty to avoid any unnecessary mutilation of the member which requires the use of the knife.

Where a four-inch incision is ample there is no point in making an eight-inch incision. If the incision can be made between a natural wrinkle or cutaneous plica, so as to hide it, or if the cutaneous slit can be made with a smaller displacement of tissue in an area covered with hair, so that it then remains concealed, such considerations should never be neglected by the scrupulous surgeon. It goes without saying that no aesthetic consideration should be allowed to

interfere with the scope of the operation. The life and health of the patient stand before all else.

When treating young ladies, especially for affections of the face or throat, the aesthetic side would, of course, assume special importance. I remember the surprise of an old college friend when, in operating on his son for a common abscess of the jaw, I kept telling the youngster to smile. Perhaps it is a little difficult to smile before an operation; it is probably a trifle untimely. My friend could not understand my pertinacity until he saw that the smile had enabled me to locate the vertical wrinkle of the jaw and to make the incision along its exact course, thus leaving scarcely any mark of the cut, when he became profuse in his thanks. He was even more pleased when the scar proved to be practically invisible, as it remained hidden in the folds of the wrinkle.

It is obvious that women and girls should be most interested in these details. It is of primary importance to them to conceal a scar. I was once consulted by an attractive young lady, who wept as she showed me a swelling which had gradually appeared on the left side of the neck, without causing any serious trouble, such as pains or fever. At first it was a little tumour which could be easily hidden, but it continued to grow and became more noticeable. The family doctor diagnosed it as diseased ganglia, and advised an operation.

By way of aggravating a situation that was already delicate, it happened that the young lady was engaged, and her future husband, who was then abroad, would be returning in a few weeks to celebrate the marriage. A scar on the neck, apart from its unsightly appearance, might occasion legitimate fears concerning the young lady's

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health, with the likelihood of her fiancé repenting of his promise, the marriage being cancelled, and a whole life wrecked.

The poor girl was in despair, which is not surprising, for it transpired that she had two or three tubercular ganglia. They were removable enough, but the operation would be dangerous to the patient, as they were rooted in the great vessels of the neck. I should add that I found all the other organs sound, so that these ganglia were the sole trouble.

What had to be done was to attempt to remove them so that the girl could be cured before her fiancé's return, and it was imperative that the operation should leave no visible mark. Although the problem was not easy, it was solved. I made an incision among the hairs of the nape, excavating a deep passage to the great vessels. The operation took a long time, as it involved extremely difficult and delicate manipulations, but eventually the whole group of ganglia was removed, and all that remained was a straight scar completely covered with her hair, which was both long and abundant.

No one save the surgeon and patient knew anything about the operation, much less the nature of the ganglia, which the microscopic examination had proved to be tubercular. No one else ever noticed the scar, and the fiancé continued to regard his Maria as the prettiest of girls.

In due course they were married and were the parents of a number of healthy children. All's well that ends well, it is said. But sometimes, when I think of my famous aesthetic operation, I find myself wondering whether I did do well. Wasn't there just a touch of deception?

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It is from urgent cases that the surgeon derives the fullest satisfaction, as in some of them he adopts the rôle and assumes the character of a magician. He cannot gain this experience from the books in his library nor even in laboratories or anatomical researches, but only from his patients, in his daily practice, or better still in the leading hospitals.

The emergency ward of the Central Hospital of Milan is the best school for surgery of this kind. Town and country alike send patients in need of prompt succour to this institution and the young surgeon finds himself grappling with the most serious, the anomalous and most difficult cases. There he acquires a habit of prompt decision to perform swift and ingenious operations, which preclude all dependence upon books, while little time is left for reflection. There, in short, a surgeon is fashioned.

While I was serving my apprenticeship in this institution I had every opportunity of arraying myself against the most complicated obstacles presented by a panorama of wounds, poisoned organs, strangulated hernias, intestinal occlusions, and peritonitis: all cases of tragic import and most exasperating complexity. But it is in this surgical storm that the practitioner is most master of the situation and is apt to feel stronger than death itself.

Imagine a child rushed to the hospital choked by some foreign substance in his windpipe, gasping in the presence of his helpless parents. Yet the calm surgeon preserves the child's life by performing a tracheotomy and extracting the intruding matter.

Does it not appear miraculous?

A patient is brought in who is bleeding from a severed main artery. The blood is pouring out in a stream. Swiftly

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the surgeon locates and binds up the vessel; the bleeding is staunched, the man's life is saved.

Patients with heart injury were sometimes brought into the emergency ward. The gravity of such cases needs no emphasis. Nevertheless, if the surgeon is quick, if he knows how to keep his head and avoid delay, he makes an opening into the thorax, finds the heart still pulsating in the pericardic sac distended with blood, locates the wound, and closes it with a suture.

The dying man is recalled to life.

If the patients are rascals (of which the emergency ward has its share) there are astonishing, incredible cures; there are instances of fantastic, extraordinary organic resistance.

Listen to this.

One night I myself was summoned to minister to a denizen of the underworld who had been fighting with his companions after a heavy supper in a dingy tavern. During a furious quarrel, in which knives had, of course, been freely used, the man had been stabbed squarely in the epigastric region and laid out flat. But he got up, refused all aid and, spurning the idea of going to a doctor or the hospital, dragged himself to his sweetheart's hovel, where, with home-spun bandages, he remained concealed for three days. Then, as his sufferings gradually became more acute, he vomited with increasing frequency, and on the fourth day, unable to withstand the agony longer, he consented to see a doctor. He might be arrested and sent to prison, but even that would be better than dying like this.

When I examined him in the emergency ward he was cadaverous. The pulse was imperceptible, the face hypocratic, the stomach swollen. I at once performed a laparotomy, when I discovered a huge wound in the anterior

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wall of the stomach and saw the peritoneal sac was full of blood, pus, gastric juice, pie, beans, wine, and all kinds of sediment. With all speed I washed away the contents of the peritoneum and closed the gastric wound, fully persuaded that the patient would succumb.

However, not only did he recover, but he went to prison, and on being released continued in his evil courses. Had he been a good citizen and the respectable father of a family he would very probably have died!

All these cases succeeded each other, like the phantasmagoria of a dream, before the eyes of the surgeon attached to the emergency ward, who was even denied the satisfaction of becoming known to those whose lives he preserved. Death was cheated more dexterously and the more brilliant operations performed without the patient (usually unconscious) becoming aware of the identity of the man who was bending over him. An injured man is picked up in the street and is taken to the hospital and operated upon. When he is out of danger he is removed to other quarters and entrusted to the care of other practitioners.

The surgeon remains in the background, he may never know how grateful his patients are, but meanwhile *he is learning*. He is being hardened, so as to be ready for any emergency. The efforts he is exerting to-day in the busy emergency ward will stand him in good stead to-morrow when he enters into private practice. Then he may be permitted to aspire to gratitude, rewards, and honours, and he will discover that urgent cases are constantly arising to test the capacity of a young operator.

I well remember one case which became a topic of general conversation in Milanese society.

It was St. Teresa's Day, that is, October 15th, which I

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was spending in my sister-in-law's house. While seated at table a sudden telephone call summoned me to attend a patient who was said to be at the point of death. I hurried away and found my patient was the youthful son of a well-known and highly-esteemed citizen. He was stretched on a little mattress in the study of a Latin teacher, whither he had gone immediately after his meal to take his usual lesson. While the teacher was talking the pupil was attacked by acute pains in the stomach. The pains gradually worsened, and the teacher was so bewildered and distressed that he could think of nothing better than to place the boy on a mattress and send for his parents. When the latter arrived, it was obvious that their son was too ill to be removed. Their doctor had diagnosed abdominal colic and advised them to call in a surgeon.

The poor lad's face was pale and horribly distorted by pain; his stomach was hard and sensitive; his pulse thread-like. A glance showed that I had a serious case to cope with, and the parents immediately noted the grave view I had formed from the expression on my face. They broke into cries of anguish. The distracted mother seized my arm and entreated me to save her boy. Only a few months since they had lost their only daughter, an angelic child who had been the light of their lives.

I arranged the patient's removal in an ambulance to the nursing-home and operated immediately. The peritoneum was full of liquid and remains of food, which led me to suspect a perforation by a duodenal ulcer, which, however, I did not pause to find. In view of the patient's very grave condition I stitched up the perforation and completed the operation as rapidly as I could.

One year later, whilst climbing the Dolomites, I met a

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young man looking the picture of health and good spirits, with bronzed and eager face, which almost radiated the joy of living. I greeted him as if he had been my own son. He was my patient, miraculously healed. No trace whatever remained of the perforation.

I have said that a surgeon derives his greatest satisfaction from urgent cases. Perhaps I should also add that they demand the greatest sacrifices.

When a surgeon is called he must never seem tired, he must cease whatever he is doing, he must spring out of bed the moment the bell rings, even in the depth of winter; he must promptly brave the tempest, the battle, and the blast. In one such case I was constrained to leave my mother, who was then nearing her end.

For several days my mother had been suffering from congestion of the brain and was slowly dying. She had gradually become speechless and sometimes lost consciousness. My brother and sister and I had been with her constantly. She stretched forth her hand to give us her blessing and we heard her farewell sighs.

Mournfully I gazed at that beloved face, which soon I should see no more. It was one of those poignant moments when anguish, piety, and fear blend in the heart of a son with the tenderest memories of life. I was rudely awakened from my meditations by the ringing of the urgency bell. A messenger from the Brescia police station brought a letter from Dr. Duse, of Salo Hospital, urging me to go at once to Gardone Riviera and make my way to the Grand Hotel, where the local police chief Rizzo was lying dangerously ill. This request was reinforced by the entreaty of Gabriele d'Annunzio.

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I was most reluctant to leave my mother, and wondered whether I should ever see her again.

I caught a train, which I left at Desenzano, where the Commissioner's car was awaiting me. I jumped in and we started off, but our progress was very slow. It was the severe winter of 1929, when the temperature was 17 degrees below zero. The roads had a thick coating of ice and snow. Somehow or other we managed to reach our destination.

I could tell from his face that Commissioner Rizzo was in a very bad way indeed. He had a high fever and very quick pulse. His stomach was hard and very sore. There were all the signs of extensive inflammation of the peritoneum; in short, it was acute peritonitis, more or less diffused, and undoubtedly of appendicular origin.

It was imperative to operate immediately, in the hope of still being in time. Luckily the Salò Hospital was close at hand. Ways were found for transporting the patient thither without much shaking, and half an hour later Commissioner Rizzo was lying on the operating table.

Dr. Duse and I lost no time in setting to work. An enormous peritoneal sac was cut open. It was filled with pus so fetid as to poison the system. The peritoneal lesions were very serious and the patient's general condition was as grave as could be, but the operation was performed so quickly that the patient knew nothing about it. Half an hour later the pulse began to improve, and I could see that I had arrived in the nick of time.

I left the patient in the safe custody of Dr. Duse and jumped into the car in order to return to Milan.

I was fortunate to find my mother still alive, and stood by her side when she breathed her last.

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When Commissioner Rizzo discovered that I had deserted my dying mother in order to aid him in his time of extremity, he overwhelmed me with tokens of gratitude. His illness was of two months' duration, and during that period he desired me to visit him once a week at least. When at length he had quite recovered he gave me signal proofs of his gratitude such as I have never received from any other patient in my life. He trumpeted my praises everywhere and never wearied in recalling the happier episodes of his invalid days.

This operation created such a stir that an echo of it reached Rome, where the Duce had been observing the illness of his faithful henchman with considerable anxiety.

The great man was good enough to confer two high honours upon me and, what I prized more highly, a large photograph of himself inscribed with his "esteem and cordiality."

Not less gratifying was the dedication in my honour composed on this occasion by Gabriele d'Annunzio, who, after following with painful anxiety the course of his friend's malady, sent me his portrait inscribed in language which I venture to reproduce, not because I deserve the praise (which is far above my merits), but because it is characteristic of his poetic genius.

*Al grande "medico di piaghe" Andrea Majocchi, all'incomparabile maestro che imprigiona nei suoi ferri la volontà del miracolo, e la luce della salvezza.*¹

Il Vittoriale—4th May 1929.

GABRIELE D'ANNUNZIO.

¹ To Andrea Majocchi, affliction's great doctor, to the peerless master who hides in his steel the will to work wonders and the light of salvation.

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The portraits of the two distinguished men face each other in my study, where they will remain as long as I live. Then they will descend to my sons as precious heirlooms, not as examples of posthumous vanity, but as proofs that their father knew how to perform his duty under most difficult and trying conditions.

The good results so far achieved in my profession filled my soul with enthusiasm for the surgical art. In practising this art I always seemed so happy that I never knew what it meant to be tired. Surgical work absorbed me. Moreover, it was the profession for which I was born.

To make my felicity complete, surgery bestowed on me an unlooked-for blessing: through surgery I gained my life's companion. I can repeat in my turn that *Galeotto fu i libro e chi lo scrisse*,¹ for it was at a patient's bedside and in my own particular sphere (the Queen Helena Clinic) that I became acquainted with my wife Silvia (*dimidium vitae meae*).²

Hitherto marriage had not attracted me; science and my profession had absorbed me entirely; I had no time to think of anything else. On the other hand, I was living quietly with my mother and brother, so that I did not feel the need of matrimony.

Often enough, to be quite candid, my mother had suggested that I should choose a companion; the future had to be thought of, even that distant future when she would have left us for ever. But every time she broached this theme with gentle persistence, I would burst out laughing and change the subject.

But . . . one day I was urgently called (yes, really

¹ *Galeotto* was the book and the author of it.

² My better half.

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urgently) to the bedside of a young woman suffering severely from appendicitis. My prompt intervention proved splendidly successful. The disease was arrested at the first stroke; the operation was neatly performed and the scar so well healed and small that it was scarcely visible. Delight of the young husband, thankfulness of the parents who had journeyed up from the patient's part of the country, resulted.

A slender and charming young lady, with big, soulful eyes, often sat with the parents by the convalescent's bedside. You know how it happens. Gradually I perceived that, while in all other cases the operation over I never tarried with my patients, here, on the contrary, I lingered gladly when I met responsive glances from those eyes. Perhaps I was regarded as a hero? Had I not cured the sister so successfully and so brilliantly too? All the unanswerable arguments which I had formerly advanced against the proposal of marriage with such steady persistence collapsed in succession like a house of cards.

One fine morning I approached my mother before breakfast and nervously intimated my intentions.

On this occasion it was she who burst into a display of prolonged and uncontrolled merriment, which left me puzzled, red, and shamed like a child.

"You have grown up at last, my son. Go and meet your fate," she said simply.

This was twenty-three years ago; we are now approaching our silver wedding. Poor mother will not take part in its celebration, but Silvia will take her place. If she, too, were snatched away (which God forbid) I should feel all too lonely. She has been my faithful companion for twenty-three years. Although she seemed slender and

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delicate, it is she who has supported me in the vicissitudes of life, and although they call me a scholar, she often sees farther and better than I: she advises and guides me.

So well, indeed, that after a quarter of a century she has become more precious to me than in the first days, and if it is to surgery that I owe this boon, I bless once more this superb art, this divine science.

CHAPTER VIII

THORNS

*Mit gieriger Hand nach Schätzen gräbt
Und froh ist, wenn er Regenwürmer findet.*
GOETHE, *Faust*¹

IT IS NOT ALL ROSES IN SURGERY. VERILY THE THORNS ARE sharp and pointed: they soon deflect the most ardent enthusiasm.

The surgeon's life is sorrowful, for it is pursued amid sadness and suffering. The more celebrated the surgeon, the greater are his anxieties. He is in constant contact with apprehensive faces, which supplicate his services; despairing mothers who wail and search the depths of his soul to discover the truth, while the practitioner's lips utter a pious falsehood.

How many times have I striven to equivocate with my voice and manner without complete success!

"All a matter of habit," someone said. "Surgeons have stony hearts." Nothing could be more untrue. "I grew indifferent to everything," said Mangiagalli, "except one thing, to see my patients die!" And the older I become, the more sensitive I feel towards human suffering.

Is it a weakness? Perhaps. Of one thing I am positive, and that is that death depresses me more than it did in former years when, summoning all my energy, I succeeded in silencing my emotions by philosophic calm. Sufferings did not sadden me, but to-day I cannot always restrain the tears in the presence of patients who, the day before, were utter strangers to me.

¹ "Digs for treasures with eager hands and is pleased if he finds worms."

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This life of unending anxiety, solicitude, and sadness ultimately creates about the surgeon a vitiated atmosphere that is almost asphyxiating. If only tragedies had happy endings, or if only every illness could be cured! It is, alas! absurd to dream of it. As well believe that every match might be won, that every stroke of the brush tells.

We know only too well what slender possibilities there are of saving a patient, but we must do our best. Sometimes the patient is past all help, and then the surgeon has the humiliating experience of confessing his impotence and declining to operate.

Take, for example, that terrible scourge: cancer! What this monster is no one exactly knows. Institute after institute has been established; research societies have been multiplied; lower animals have been sacrificed; noble investigators have devoted their lives and fortunes; thousands of journals and reports have been published; seas of ink have flowed to express countless conjectures and theories. And it all amounts to nothing. The deeper we penetrate, the more complex the problem appears.

A few years ago my good friend the Senator Belfanti had the excellent idea of assembling in his institute the most experienced and learned authorities on the subject. He invited them to deliver lectures on the nature and origins of cancer. All Milan flocked to hear the Word. Alas, among these eminent investigators there were not two who found themselves in complete agreement. It even seemed as if the aim of each succeeding speaker was to contradict the statements of the previous speaker; so much so that the disappointed audience was made more bewildered and uncertain than ever. If the specialists cannot agree concerning the

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nature of cancer and its causes, how can they expect to discover a remedy?

The terrible disease creeps in and develops everywhere. It invades an organ and finds lodgment there without occasioning either pain or fever, without detection, like a thief in the night—*sicuti fur noctu*—insidious and fatal. It creeps among the tissues, follows the vessels, especially the lymphatic canals and the glands.

When the victim perceives the trouble, he hastens to the surgeon, for the surgeon's knife has been, and still remains, the best remedy. But the knife can offer no hope of salvation unless the tumour is still circumscribed, that is to say, localized at its origin. And herein lies the difficulty. For if the diseased organ is superficial (the skin, for example, or the breast), a cure is still possible, but if it is a visceral organ, such as the stomach, the probabilities of cure are practically nil.

And then the surgeon must perform miracles.

A miracle of technique; he must be prepared for the most devastating operations, for the gravest surgical difficulties; he must triumph over all obstacles unless he is prepared to hear that while the operation itself was a remarkable success, the patient has succumbed.

A prodigy of courage; he must brave the dangers of haemorrhage, of operating shocks.

A marvel of perseverance. After a skilful operation, an apparent victory, a relapse may occur after an interval: germs are developing again about the scar or in the adjacent tissues.

Collapse of the surgeon!

What a benefactor of mankind the scientist will be who clearly determines the initial cause of cancer. He will have

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achieved more than the inventor of the telegraph, the telephone, the steam-engine, or the radio.

But meanwhile the ravages of cancer are greater than those of war, plague, tuberculosis, or syphilis. The surgeon can combat the scourge with his knife, his courage, and his will power. He suffers, but fights on.

There are cases in which the surgeon is compelled to operate: he has no alternative. A strangulated hernia allows no more hesitation than an intestinal occlusion. Not to operate spells certain death.

Whatever the age or general condition of the patient, whatever the risks which attend an operation, despite all other reasons for hesitation, there is no other remedy available.

And if the patient dies during or after the operation, there are no sound reasons for regret, for he was certain to succumb. Any attempt to preserve life is then justified.

But there are instances in which the surgeon's intervention is requisite where a disease reduces a subject's strength and inflicts appalling suffering, without necessarily endangering his life—a disease which may be cured or alleviated by dint of time and patience.

Take the case of a person suffering from hernia. An operation would effect a complete cure; without it, he must resign himself to wearing a belt and enduring a life of misery and helplessness. The same might be said of a woman who has a uterine fibroid. She must possess her soul in patience, seek a thermal cure or radiotherapy, and do nothing more.

In recommending an operation in such troubles as these a surgeon undertakes a grave responsibility. He may be

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certain that his skill is called for, but how many times have we not heard the patient ask: "Can you guarantee to cure me?" What can a surgeon sincerely answer?

Who can make certain the success of an operation?

No one absolutely. Relatively this may be possible if, apart from his own services, a surgeon can be convinced of the patient's powers of resistance.

Nevertheless, the problem is a grave one. There is always an unknown factor.

Our clinical examination of the patient may provide us with an approximate opinion of his resistant powers, an idea which approaches to the truth judging from the doctor's experience. Moreover, this clinical *idea* can be checked by a series of laboratory examinations of the urine, the gastric juices, and the blood. Nothing must be neglected. Nevertheless, bitter, very bitter surprises are in store.

The strength of the patient's resistance—the study of all the factors that may decrease the operator's risk—is so important as to engage the protracted researches of specialists. It has been the subject of every surgical congress, especially of that convened at Parma in the year 1927. The two investigators best versed in this matter neglected no line of inquiry and no known factor likely to elucidate this baffling problem, but they were constrained to acknowledge that the unexpected is always possible.

Undoubtedly, then, every operation involves uncertainty. Honesty and sincerity both preclude the warranty of success in surgery in any instance.

In this connection I recall a personal experience of my early career which made me even more cautious than usual.

I had to operate on an esteemed colleague for a minor

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trouble, an ingrowing nail. A slight operation, very swift, but painful. So my friend desired a mere whiff of ether. In view of my responsibility as well as my regard for him, I requested him to be as carefully prepared as if he were undergoing a major operation. Needless to say, all the usual precautions were taken, even those pertaining to the circulatory system, the heart and the blood vessels. Nothing abnormal. For the anaesthetic (the patient wanted ether) I chose a most experienced colleague. The brief slumber, however, was not peaceful; I had the impression that something was wrong, but the operation was so rapid that the narcotic was soon exhausted and the patient awoke as if nothing had happened.

My colleague rapidly improved, but at the end of a fortnight, when he was going out to pay some visits, he fell down dead. No one was able to diagnose the disease that had carried him off, as no autopsy was performed, but when I heard the news the thought struck me that the fatality might have been occasioned a fortnight before, during the operation. I realized what a frightful risk I had incurred. If the death had occurred then, no one would have doubted that the operation had caused or hastened the end.

Few people can picture the grief a surgeon suffers when he loses a patient, if he has reasons for thinking that the operation was not imperative—in other words, that the ailment was not mortal!

What anguish grips one's heart when one reflects that, without the operation, a patient might have lived much longer.

With what emotion, too, does a surgeon advise and decide upon an operation, with what pain does he operate,

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and with what trepidation does he observe the patient during the days following the operation.

Oh! those *three days*! what sleepless nights! what alarms! what uncertainty! what apprehensions barely concealed from the patient! Then, after the third day, we entertain hope. However, just as one battle succeeds another, so it can be said that a surgeon's *whole* life is a series of worries and preoccupations, of hopes and alarms, of doubts and uncertainties.

If our patients only knew what an operation costs us they would not envy us our lot nor covet the fee so painfully earned.

"The surgeon's soul," said J. L. Faure, "is a soul unknown, and the profound emotions which fill and stir it can only be analysed by some one who has felt them. . . ."

"Consequently, ours is a passionate and agitated life, in the whole course of which we may not know one moment of real tranquillity.

"It has hours of triumph and intoxication and hours of bitterness and desolation. . . ."

One of the most beneficent discoveries ever made, a discovery which in itself marks an epoch in modern surgery, in unquestionably anaesthesia. To banish sensation during an operation is a wonderful achievement: *divinum opus est humanum sedare dolorem*.¹ But every medal has its reverse side, and there are drawbacks to anaesthesia. I am not thinking of local anaesthesia, which is not always adequate, nor of the varieties of regional anaesthesia, nor of spinal anaesthesia, which always has its defects, but of the general anaesthesia which induces profound unconsciousness.

¹ It is a divine work to soothe pain.

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If it be desirable to abolish pain and even sensation during an operation, it is none the less true that the means employed to accomplish this result represent a shock to the nervous system. The proof is that no one has yet discovered an entirely harmless anaesthetic, in spite of all the strivings made in this direction.

At surgical conferences the subject "anaesthesia" is always on the agenda, and I vividly recall the words of the reporters of the Genoa meeting in 1929.

Here are a few sentences: "Since an ideal and innocuous anaesthetic has not yet been found, while on the other hand anaesthesia is frequently dangerous, as it produces lesions more serious than the operation itself, every encouragement must be given to the efforts of surgeons to effect improvements in this direction."

And again: "An ideal anaesthetic does not yet exist; every method has its defects, its immediate or late complications; it contributes together with shock and various other circumstances to the production of so-called post-operation complications."¹

Many more complications supervene than might be suspected; some temporary and scarcely noticeable, others (happily more rare) which prove fatal. I have never had a serious accident with narcotics in my life, but I remember being present at a mishap of this character in an operating theatre, and the impression it left on my mind was such that even to-day I can still see the dreadful sight.

I was present, as an enthusiast, at operating lessons which

¹ Sanvenero, Congress of Surgery, Genoa, October 23, 1929. In justice, I should add that the most recent progress of local anaesthesia (for example, with novocaine and vasopresin) and the use of gaseous mixtures in narcotics have considerably diminished the risks of accidents.

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were being given by a famous master, with various examples, a dozen assistants, and theatrical display. The operating theatre was always full, because students flocked there, even from other faculties, in search of sensations. That day the benches were packed more closely than usual. The surgeon had introduced a young girl afflicted with a goitre, which deformed her neck.

She had descended from the mountains because she wished to remove this deformity before getting married. She had been assured that only a great surgeon could relieve her of it, for the operation is long and difficult, as well as dangerous.

Difficult for nearly everybody, but not for this very skilful professor, an expert in such operations.

In a few minutes—from four to eight—the most delicate goitres would disappear as if by magic.

This morning the professor had just finished the lesson amid the applause of his listeners. He had explained the case, shown the peculiarity of the great tumour, and described the method to be followed. The preparations were finished, the narcotic began to take effect (chloroform was then used), and the doctor who administered it was skilful.

The operation had commenced brilliantly, the tumour was already isolated and extracted. Nothing remained to do but ligature the vessels, and the business was complete.

All eyes were intent upon that finger, which seemed to be performing a conjurer's trick or elaborating fairy embroidery, when a shudder ran through the hall from the highest benches of the operating theatre to the group of assistants.

The patient was no longer breathing.

The operation was immediately stopped, the mask was

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removed, the straps loosened, and artificial respiration was applied.

But the patient's visage was waxen. And the assistants themselves were almost as pale as death.

The assistant who had administered the narcotic did not lose his head for a moment, he continued artificial respiration at regular intervals.

But it was all in vain.

From time to time all movement was suspended in order to listen anxiously; no breathing could be detected, and the heart itself had ceased to beat.

I glanced at the master; he was a picture of despair; on the faces of those who occupied the galleries and benches horror, anguish, and disappointment were imprinted. The black mantle of death had draped the appliances of surgery.

Slowly the galleries emptied, and the operating theatre also. The young girl lay there, inanimate. She would never marry, a white shroud would be hers instead of the nuptial veil.

I left the tragic scene abruptly. In the corridor the girl's relatives were waiting anxiously.

But if accidents occasioned by narcotics dismay the surgeon, another bugbear, embolism, is no less dreadful.

Post-operative embolism does not afflict the patient during or immediately after the operation. The operation itself may pass off without a hitch, the patient wake up and feel comfortable; the surgeon may be able to administer the classic purgative five days later, and even remove the stitches on the sixth or seventh.

Everything is progressing satisfactorily; after nine or ten days the patient may be allowed to get up. But the moment

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he sits up in bed he turns pale and sinks back on the pillow. He is dead.

Relatives and friends who have come to congratulate him on his recovery are presented with a tragic spectacle instead.

Of course at first it is thought to be a fainting fit, natural enough in view of the patient's weakness after the operation.

The doctor is summoned, the patient is massaged, hot compresses are applied, stimulating injections are given, but all in vain. What appeared incredible is true after all: the convalescent breathes no more.

Fatalities such as these are rather rare, but they occur when they are least looked for.

The wife of one of my old colleagues suffered for a long time from a uterine fibroma; a big fibroma which, originating perhaps at the time of marriage, had no doubt been the cause of her sterility.

The good lady had greatly lamented her inability to bear children, but the fibroma had not given her any other trouble. As she approached fifty, however, she felt the tumour enlarging so greatly as to distend her abdomen in an alarming manner.

The husband, who was the intimate friend and associate of a great gynaecologist, had deemed it expedient to take her to him so that he might examine her, and this had not disclosed anything especially alarming. It was a huge tumour of the uterine body, but as benign as possible, a tumour that could be isolated and removed quite easily. Matters being thus defined, there was no reason for delay. Following her husband's advice, the good lady entered a gynaecological clinic and was attended with all the care and

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solicitude possible. The preparation was meticulous and the operation appeared like child's play.

The patient experienced no discomfort; she submitted so calmly to the operation that she might have been mistaken for a statue. On the seventh day the stitches were taken out and on the twelfth, with the necessary precautions, she rose from her bed.

Reclining on a comfortable sofa, she received her friends who brought her flowers and other gifts, and blessed the day when she decided to rid herself of her burden.

The husband, on his part, was in the seventh heaven of delight. On the twenty-first day he ordered a comfortable carriage. Elated at the thought of returning home cured, the convalescent dressed and bade smiling and grateful farewells to nurses and assistants. She felt extremely well: she was happy. But on the first step of the staircase she turned pale, and leant wearily on the arm of her husband, whose support prevented her from falling.

She was stretched on a sofa. . . . She was dead. . . . Not a cry, not a sign of pain, not a word of farewell!

When, years after, my colleague related the incident to me, he was still smitten with grief. He wrung his hands and reproached himself:

“Why did I urge her to undergo the operation?”

What, then, is embolism? Whence comes this dreadful malady? the lay reader may inquire.

When one performs an operation, particularly on the abdomen, certain morbid conditions may induce a lessening of the circulation and a coagulation of blood in certain large veins (spontaneous thrombosis). If the blood coagulates in a vessel, circulation ceases, for a clot in a blood channel acts like a cork. And, if this clot is detached by a sudden

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jolt, it travels with the blood-stream and deranges the heart.

This concretion which mingles with the blood and circulates with it is termed embolus, and embolism is the name of the disease which causes it to form and blend with the circulation.

If this intruding embolus is large enough to exercise a serious influence on the heart's action, that organ no longer functions and ceases to beat. This is paralysis of the heart, which induces syncope and instantaneous death.

Happily a complication so serious as this is extremely rare. At the surgical congress of Warsaw (1929) the leading specialists of the day assembled in order to pool their personal experiences, and they decided that the operatory risk due to embolism may be estimated from 0.1 to 0.5 per cent, but if one of these very exceptional fatalities prove the lot of a poor surgeon who is callow and just commencing his career, and if this critical patient, who should be the initiator of his celebrity, should untimely die, one may imagine the loss of reputation which would inevitably follow.

Nevertheless, you may accept my considered statement that the unsuccessful operator is not to blame.

But there is another operatory mishap through which the unfortunate surgeon risks if not imprisonment, at least the immediate deprivation of all that might have accrued in the form of profit and reputation by the assiduous labours of a lifetime: this is when he absentmindedly forgets to remove an instrument or a dressing from the operatory region.

It seems incredible that a cautious and painstaking surgeon should leave fragments of dressing or even an instrument in

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the wound, but this has happened on a number of occasions.¹

The layman cannot comprehend the occurrence of a blunder of this nature, and when he reads in his newspaper an account of something similar, he is amazed and sometimes amused. There are, indeed, comic journals which caricature a surgeon leaving his hat, gloves, or spectacles in a wound.

This sort of accident is specially possible in abdominal operations. The abdomen is a cavity crowded with intricate and varied viscera, a veritable labyrinth. When a surgeon operates on abdominal organs he is nearly always compelled to remove the organs that are replaced in the cavity at the termination of the operation. On the other hand, abdominal surgery is performed with very many instruments, some of which are diminutive and delicate, and the viscera themselves must be protected from the atmosphere by means of a linen band or covered over with compresses.

It may happen that a piece of tape or gauze, nay, even some instrument, lying concealed among the folds of the intestine, is thus overlooked and remains there even when the abdominal cavity is closed.

But why do not the surgeon and his assistants number these appliances? Well, the operator and his assistants do keep a close watch on their instruments, but every operatory act is so complicated in itself and bristles with so many difficulties, perplexities, and abnormalities that the mind of the most careful and experienced surgeon may be so absorbed in his undertaking that he sometimes fails accurately to enumerate his implements.

Suppose a sudden and violent haemorrhage were to

¹ I ought to say that the latest technical precautions regarding compresses and instruments have reduced these risks to a minimum.

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supervene during a laparotomy. In a second the whole area of the operation is inundated with blood; the gore covers the viscera and the instruments; and if the surgeon is not calm and collected, if he does not act with alacrity and coolness, his patient may die in a few moments.

During these critical instants he *must* keep his head and see that his assistants keep theirs, but since all his care is necessarily concentrated upon the patient, whose life he is striving to save, it may well happen that during these very instants all the intellectual faculties of his associates are also directed and confined to the operation itself. At such times one does not think of numbering the instruments or checking the compresses; one will attend to that later; but even in this computation one may still be in error, although this seldom occurs. . . . It is then that a compress or an instrument may be left in the wounded part.

When this comparatively very rare accident occurs and reaches the knowledge of the public, the unfortunate surgeon is irretrievably ruined. The law is merciless towards him; the judges admit neither reasonable excuses nor extenuating circumstances. The involuntary culprit is accused and penalized; from being a benefactor of suffering humanity he has become a common murderer, a cynical and negligent butcher.

Throughout my protracted career, thank God, I have had no melancholy accidents of this kind to deplore, but I remember very well two such tragedies that occurred in Italy.

The first happened to one of the finest surgeons in Italy, the clinical operator of a great university; the second to a practitioner of equal standing and a man meticulously scrupulous and precautionous, who was for many years the

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director of the surgical department of a well-known hospital.

I followed the two cases with absorbing interest, firmly convinced that anyone else in their place might have been the creature of the same tragic circumstances.

The first great surgeon was operating upon a patient in his clinic who was afflicted with a serious disease, which might have meant death, when he left a piece of gauze in the abdominal cavity. An abscess thus formed and the patient died. Both criminal and civil proceedings were instituted, as this was regarded as criminal negligence. There were lengthy discussions relating to the connection between the forgotten pad and the patient's death; and also concerning the charge of neglect against the professor himself or his assistants. This point was of primary importance in criminal law.

The inquiry continued for more than two years. The surgeon was eventually exonerated, as the pad had not been left inadvertently in the abdomen but was being utilized as a kind of drain, and was to be renewed at a later stage. (Then, what was all the turmoil about? you will inquire.)

The eminent surgeon was consequently acquitted, but without influential support, and the reputation he possessed, the investigation might have gone against him.

Although the second mishap occurred many years since, people are still discussing its details.

The case came before various courts. After a first verdict, which allowed extenuating circumstances, a second verdict was merely formal, as the negligence of the surgeon was not in doubt. There may have been another appeal for all I know.

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At all events, it was a most regrettable affair.

A hospital patient had to undergo a very grave operation upon the stomach for a dangerous gastric ulcer, a morbid growth which in itself could have caused death if the operation had not been undertaken.

The operation, which was long, involved, and difficult, necessitated the use of new instruments and set up complications as serious as they were unexpected. The patient recovered and left the hospital.

However, after the disappearance of the trouble induced by the ulcer, other ailments supervened, for which the patient (who had gone to another district) was again examined and removed, this time to another hospital. At first it was thought to be a posthumous complication of a pathological kind, but an X-ray examination showed a distinct image on the pellicle of haemostatic forceps left in the abdominal cavity. Such a discovery was soon disclosed to many listeners and the tidings spread all through the hospital.

The patient was immediately consigned to the care of a surgeon, who operated immediately. But the forceps had become so entangled in the viscera as to render **their** removal both difficult and distressing. The patient succumbed and the matter was placed in the hands of the Public Prosecutor.

From this moment the Calvary of the unfortunate surgeon began, and I believe that henceforth his life was an endless purgatory. It was said that he expended a fortune on law costs alone, although, as he once reminded me, he gained nothing from the operation, since the man was a hospital patient.

The contingencies, the fatality, the mischance were not

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taken into consideration. The forceps, which had been applied to a section of a vessel, had slipped down and buried itself among the viscera in the abdominal cavity, where it was, alas, lost and forgotten!

But the operator, it was urged, *should never forget*. When he operates a surgeon must be omniscient and infallible. Consequently, the patient's death could only be caused by clumsiness or negligence.

To charge the operator with *maladroitness* would, in truth, seem absurd, for the surgeon was a man who had devoted his life to his science, and had been, in addition, a university professor, who had passed through all the academic stages and could boast of having thousands of successful operations to his credit which were duly performed during his distinguished tenure of office. He had preserved the lives of innumerable patients, and yet this disaster had occurred. As there could be no accusation of inexpertness, there was no alternative but to impute negligence.

It was pointed out that the surgeon was regarded by all his colleagues as a notably cautious operator whose precautions were carried to extreme. It was all in vain. The blunder *had occurred*; someone *must* pay the penalty.

I understand very little about questions of law, which I do not desire to discuss; besides, even if I did discuss them, it is unlikely that I could remain calm. It is, moreover, easy to be taxed with prejudice or partisanship. I remember, however, what a disconcerted feeling I experienced when reading the debates. It was the consciousness of a man who had given the best that was in him for mankind, yet who toiled with the sword of Damocles ever suspended over his head; who discerned a possible danger of permanent eclipse.

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I resisted the temptation to throw all my lancets out of the window, but when I am operating in circumstances of excruciating difficulty I dare not think about these mournful mishaps; for if the memory of such a case should return to my mind, then farewell courage and operatory ability; my thoughts would be entirely directed to checking the compresses or enfeebled by anxiety to count the instruments.

“The wonderful progress of contemporary surgery has spoilt us,” says J. L. Faure; “in the majority of diseases, a cure is the rule and death the exception.” No one is surprised to-day when a patient recovers, but death comes to the public as a shock, which is all the more painful the rarer it becomes.

When the surgeons of thirty or forty years ago were present at the demise of one of their patients, they had a perfectly easy conscience. It was an accident; no fault could be imputed to them, for nature had created infections and septicaemia. To-day we are acquainted with the causes of death and know generally how to avoid them. Consequently, when an accident happens, we ask ourselves the searching question: “Was it our fault?” We wonder whether we ought not to have been more careful in our diagnosis, more selective in the choice of methods, more attentive to the operatory technique.

But the public is more inflexible than we are. The layman refuses to admit that a patient might die. The great public reasons with a logic that is very simple: either the surgeon was unable to save the patient, in which case he should not have operated, or he was able to save him, in which case the patient ought to recover.

For them there is no escape from this type of reasoning;

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if the patient is not cured, then a blunder has been committed by the surgeon. Either the disease has not been correctly diagnosed or the patient's strength has not been adequately measured, or there has been some technical error. Hence there is either incompetence or negligence.

The contention is even more powerful when a patient is not afflicted with a fatal disease, that is to say, when an operation is almost certain to prove successful.

Take, for instance, a free hernia, chronic appendicitis, an ovarian cyst. These operations must succeed, the contrary is almost inconceivable; if a mishap should occur, the only obvious explanation is that a serious mistake has been made. The surgeon must be tried and condemned.

This conviction is so deeply rooted in the minds of the people that actions for damages are not infrequently entered if the patient is not saved or cured as it is alleged he ought to be.

Quite recently I was invited to proffer an opinion in an action for damages. A lady had fractured her forearm, an ordinary Colles' fracture. She had consulted a surgeon, who, after a correct diagnosis, checked by an X-ray examination, had set the forearm and put it in a plaster cast, as is usual. Everything had been conducted in a very regular way, and again, as usual, the cast was removed after a given time and the limb was periodically massaged.

When the fracture was almost healed an unexpected callus made its appearance. The lady was anything but pleased. She alleged that her beautiful wrist was no longer as supple as it had been, and that she could no longer play the piano with ease. She consulted a solicitor, who immediately commenced an action for damages against the surgeon.

This appears scarcely credible; however, the plaintiff

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stands a fair chance of winning her case (which has not yet been heard), her contention being that after the arm had been put in a plaster cast, another X-ray examination ought to have been made in order to check the perfect setting of the forearm. The surgeon had deliberately avoided this second examination, not because he deemed it superfluous, but because he desired to save his patient expense.

Needless to say, the hand of an esteemed colleague is often detected in matters of this kind.

Sometimes, however, ingratitude does not terminate with a claim for compensation, that is to say, an action for damages. The aggrieved patient may take the law into his own hands. My old master Bottini used to tell us the story of a worthy French surgeon who had to operate on a young man for what was apparently a simple enough hydrocele, but which was in reality a tuberculous testicle. For the sake of the patient's health, and even his life, the surgeon decided to remove the diseased testicle immediately.

When the patient awakened he discovered his mutilation. The gravity of the case was explained to him, but the angry man would not listen to reason and maintained a sullen silence. He left the hospital a few days after his recovery and said nothing to anyone. He then obtained a revolver, waited one morning for the surgeon to emerge from the clinic, and fired point-blank in his face, killing him outright.

The old master told us this story to impress upon us that whenever an amputation was necessary it was advisable to obtain the patient's consent.

Throughout my career I have always done more than this; whenever I have advised an amputation or any other delicate operation, not only have I informed the patient or his relatives, but I have insisted upon written and signed

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authority. Still, despite all my precaution, I have myself run the risk of being murdered. I had operated on a middle-aged man for appendicitis. Although he appeared healthy enough, he had suffered from intestinal trouble some considerable time. The operation was apparently successful, and no complications had ensued.

At first everything seemed perfectly satisfactory. On the third day, however, for no assignable reason, a paralytic ileum (intestinal occlusion) made its appearance. Everything that science and experience could suggest in such a case was undertaken, no pains being spared and no sacrifice being shirked. Still, no impression whatever could be made on the visceral want of tone.

To my intense regret the patient died six days later. On the morning after this distressing sequel I was sadly eating my breakfast at home when the telephone bell rang. I left the table and lifted the receiver. A strange woman's voice warned me to remain indoors and to admit nobody, because the mistress of the deceased had vowed to avenge him. She was already armed with a revolver and seeking an opportunity to kill me. My informant added that we were dealing with an hysterical subject who was capable of anything.

I thanked the unknown lady at the other end of the wire and returned to the table, looking so grave that my wife immediately divined that something serious had transpired.

I told her what I had just heard over the telephone, and she promptly rang up the central police station and got into touch with the Police Commissioner, with whom I was acquainted.

The revolver was immediately taken from the deranged woman, who was cautioned by the police in the sternest

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language and placed under observation for some time. Nevertheless I was advised that the danger was not entirely averted, and although I did not relinquish any of my professional duties, I must confess that whenever I went out I looked about me with circumspection. In due course I became accustomed to the danger and thought little more about it.

Uncertainties and dangers of the profession! I do not desire my son, who is studying medicine, to qualify as a surgeon. No. I hope he specializes in a department which is less exacting and where there are fewer risks; a calling which permits him to sleep a little more soundly at night and allows him to take his meals in the daytime with fewer preoccupations; which does not expose him to the danger of being rewarded by a revolver shot; to be put in the dock or presented with a bill for personal damages instead of being paid for his services.

As for myself, I suppose I am incorrigible. I still adore this ungrateful surgery. But, if I must confess the truth, I love it as one loves a beautiful and capricious woman, who is both seductive and perverse, who is a source of alternate torment and delight.

It is the old story. We all have our ruling passion. Have not the poets of all ages said so?

Sailors detest storms and tempests; but for all that they remain navigators.

The warrior cannot resist coveting glory, although fully alive to the dangers of battle.

As for myself, when I stand before the Supreme Judge a few moments after my death, with my white overall and poor blood-stained hands, I hope I shall receive complete forgiveness, for I shall have loved and suffered much.

CHAPTER IX

THE MIRACLE

*There are more things in Heaven and Earth,
Horatio, than are dreamt of in your philosophy.*

SHAKESPEARE, *Hamlet*

IT WAS IN THE EARLY DAYS OF AUGUST, AND OF AN AUGUST that was excessively hot. Every good Milanese knows what a summer spent in the city can be like. So, if he is in a position to do so, he hastens to the sea or the mountains in the first week of that dreaded month, or even goes on a cruise to the East or the North Cape.

That year I was very tired and the heat was stifling. I had already made arrangements to spend my holidays in Vienna and in Budapest. My luggage was ready and the day of departure fixed, when I was called to the telephone by my good friend Vittadini, a delightful colleague and a bigwig in the Catholic camp and the whole Clerical Party. I should never have guessed the reason why he rang me up. He merely wanted to send me to Lourdes in his place, as physician attached to the great Italian pilgrimage.

The departure had been arranged for the morrow. At the last moment he had heard that his sister was indisposed and he could not bring himself to leave her. He was therefore looking for a *locum tenens* who was a very experienced doctor and, if possible, a surgeon.

"But I'm just off to Vienna and Budapest."

"You can go there another year. This time you must go to Lourdes; you will travel like a prince, without opening your purse, and you will have a splendid trip: the Riviera,

The Miracle

Nice, Marseilles, Toulouse, the Hautes-Pyrenees . . . and then, by journeying with the pilgrimage, you will witness very interesting occurrences."

Two days later I was at Vintimille, the rendezvous of the pilgrims, where we awaited the special train to Lourdes. I took over my duties the moment I introduced myself to the organization committee at the railway station.

Two communicating compartments of a first-class railway carriage were placed at my disposal, one of which was reserved for the dispensary and cases requiring urgent treatment. Everything seemed to be thoroughly well organized.

Before starting I should have liked to make the acquaintance of the pilgrims; but I soon ascertained that this was impossible. A motley throng waited for the train to start, intent, not on an introduction to the doctor, but on securing a good seat; a noisy crowd—priests and laity—encumbered with cushions, rugs, clothing, and small carriages.

"Very well," I thought, "later on, during the journey, I will get to know my lambs . . .; we shall spend many days together in the train, which is a corridor one." Besides, not everyone stood in need of medical supervision. Many of the pilgrims were in perfect health; others, however, were obviously ill, scarcely moving, or betraying by their pale and emaciated features the secret of their physical weakness. The slightest glance had shown me the sharp profiles and hectic cheeks of the consumptive, and those afflicted by specific osteitis or spondylitis.

A paralytic was reposing on a stretcher; a paralytic with weak and flabby legs. In a bath-chair was a dropsical man with an enormous belly, all swathed in blankets. There was

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a cyrrhotic, with pinched, hatchet face and large mournful eyes. A poor man huddled on a bench, with head bandaged and neck enclosed in a big black scarf, had a cancer in his cheek; his face, already partly disfigured by the excrescence, presented a dreadful sight. These bandages were intended to conceal from the public the more repulsive aspects of the disease, while his neck, tumified by a congestion of the glands, was also muffled in a scarf for reasons of concealment.

A little farther, seated on another bench, a remarkable couple attracted my attention; a man and a woman in modest circumstances, both young and obviously husband and wife. He held her arm, gazed at her affectionately, and spoke to her tenderly, striving to console her. She had a tired, but resigned, expression, very sweet eyes, of purest azure-blue, but . . . dead.

She was stone-blind. Married but a year, she had been stricken by a dire disease of the optic nerve and had completely lost her sight. She gave birth to a beautiful and healthy child, but had never seen it, as she would almost certainly never see any other children she might have, for her malady was considered incurable.

At all events, her maternal spirit had not abandoned all hope. Having expressed a desire to travel to Lourdes, to implore the Mother of God to grant her the sight of her child one day, the husband, a poor railway servant, had pinched and scraped in order to raise a part of the money necessary for the journey and the Pilgrimage Committee had furnished the rest. And now they were both huddled together on a bench, waiting for the train to depart.

It was affecting to look at that young and pretty face, at those sweet blue eyes, which were opened but bereft of sight. Would the Madonna perform the miracle? Perhaps!

The Miracle

She who had seen her own Child would never refuse this boon to the unhappy mother, so confiding and so lovely.

There was a sudden sound of wheels grating on iron, and everybody grew excited at the train's arrival. There was a rush to board the train and obtain the best seats. I entered my compartment, feeling a little ashamed at being thus privileged, at having so much space and so many conveniences for myself alone.

Punctually at three o'clock the train departed. Before nightfall we should reach Marseilles, where we could sleep in the hotel. Without slackening speed the train rushed along the Côte d'Azur, as if it preferred not to stop at those resorts of profane pleasure so little in keeping with the pious character of the journey. I saw Mentone, a city of enchantment nestling among the palm and olive-trees. The villas and the gardens, the hills and the ocean of these centres of idleness and luxury were in striking contrast to the sufferers in the train. As we were passing through Monte Carlo the pilgrims intoned the litanies of the Holy Virgin; from my compartment I could hear the invocations of the sick, the halt, and the blind:

Mater amabilis

Mater admirabilis. . . .

I listened as in a dream to the humble chant which rose and fell on the air and lost itself in the atmosphere of the Casino and the hotel palaces. What a contrast between this trainload of the sick and those gardens of Armide; haunts of delight, of pleasure, and of vice!

After Monaco, Nice; then Antibes and Cannes . . . and the train pursued its course under the setting sun in the warm and limpid evening of August; and the solemn chants

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continued to rise to heaven until the first hours of the morning.

I began to feel lonely in my desolate compartment. I thought I should like to speak to someone and looked about me, with ear intent. In the compartment in front of mine was a company of ecclesiastics, the magnates of the pilgrimage: His Eminence the Archbishop of Genoa with all his court. They were discussing sacred subjects, which were somewhat too exalted for me, so I beat a retreat and explored the opposite side. Here the scene changed. I heard the chatter of feminine and childish voices in less serious surroundings. I opened the door diffidently and entered the compartment.

As physician to the pilgrimage, I possessed a position of authority and found no difficulty in initiating a little conversation. Here were two or three Genoese families, who were anxious to make a pilgrimage of devotion in company, combining pleasure with piety. I saw no sick person. The most distinguished woman was the wife of an eminent ornament of a Genoese College, a very influential person in clerical circles. She was taking her two children to Lourdes, because, she said, her husband was firmly convinced of the educational advantages of travel to the young. Here was an opportunity to combine the useful with the agreeable.

In the same first-class compartment was another lady, sister to the first, who was accompanied by a daughter of thirteen. To complete the charming group, a *delightful* young lady, the sister of a Genoese solicitor, who, being a member of the Committee, travelled with the promoters and organizers of the pilgrimage.

What blessings could those worthy people, all thriving

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and healthy, rich and happy, possibly request of Our Lady of Lourdes? It was not easy to answer. The fair young sentimental girl was the only one who could be pilgrimaging to ask a favour of the Madonna—a favour which the majority of girls desire and expect: that of securing a good husband. Nevertheless, these excellent Genoese, provided with all material requirements of this world and pervaded by the love of God, were capital company; they made the time pass pleasantly and swiftly.

Shortly before midnight we arrived at Marseilles, where we were to sleep. The morning of the succeeding day was set aside for a visit to the Sanctuary of Notre-Dame de la Garde. Meanwhile, I had to compile a list of the sick, inquire into each case, listen to stories that were related with more or less precision, and render whatever medical aid was necessary.

Fortunately, none of the invalids was very seriously afflicted. They had all borne with fortitude the discomforts of the journey. I issued instructions that they were to remain undisturbed throughout the night and the following morning, and took steps to determine that they lacked nothing.

The train was timed to leave Marseilles in the afternoon of the coming day. At the appointed hour the pilgrims were all assembled under the station roof; no one was absent. I then inspected the pilgrims who had been confided to my care; a melancholy array of consumptives, of invalids afflicted with osteitis, arthritis, and spondylitis, with phthisis, cancer, and nervous disorders. The paralytic was always on his stretcher, his legs flabby and dead; the man with dropsy was being pushed in his little carriage, his enormous abdomen swathed in shawls; farther on was a boy whom I had not previously noticed, contorting him-

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self in those strange convulsive movements called St. Vitus' Dance. Not far from him was an unfortunate paralytic whose palsied hands never knew a moment's rest. What unspeakable misery, all confined to a narrow space on the benches of a railway station!

The good train was able to accommodate everyone, and they departed with great speed towards the destination; towards the hoped-for miracle, towards the liberating light!

This time the journey was longer. We were compelled to eat and pass the night as best we could in the train; in the morning we should arrive at Toulouse, then at Tarbes; and at noon we should reach Lourdes.

It was a trying ordeal for the poor sufferers! I ascertained, however, that none of them was worse; none complained; those most grievously afflicted were sustained by hope, by the aspiration to reach the end of their journey, by faith!

At Nîmes the sun set and night came on. From my compartment I heard the pilgrims chanting the *Ave Maria* and evening prayers; then the litanies recommenced to caress my ears:

Mater amabilis

Mater admirabilis. . . .

And then silence prevailed in all the compartments; the train pursued its way without sound. There was neither chanting nor praying.

I laid me down on my seat and tried to snatch some sleep, but without success.

Should we really witness the miraculous? Was it possible? It is certain that astounding cures had been reported in the previous year. Paralytics had risen and had walked, the dumb had spoken, gaping wounds had healed. . . . "But

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what matters," the preacher had said, "what is really essential is to come before the Great Mother with a confident soul, an absolute faith, that which enables one to move mountains and which sustained the martyrs when enduring the most atrocious tortures.

"*You must believe and not doubt.* If a cure takes place, so much the better; it is proof that the Mother of God has taken pity on a suffering body. But if the body remains diseased, no doubt it is for the soul's good. In any case, the Holy Mother gives to those who entreat it the balm of consolation and resignation. . . ."

Thus had the holy man spoken; and his words were still lingering in my ears, penetrating to the depths of my heart because they were said with simplicity and enthusiasm.

Convictions such as these admit of no criticism. About matters of faith there is no arguing.

When on the following morning the first streaks of dawn suffused the verdant slopes of the Pyrenees, a wave of wonderful enthusiasm swept through the train.

We were only approaching Toulouse; but already everyone was awake; the invalids dragged themselves to the windows and scanned the horizon to try to discern the spire of the venerated sanctuary; the most devout intoned the *Ave Maris Stella*, and in the twinkling of an eye I was encompassed by a blending of delirious voices, of supplications and of cries. This exhibition of faith increased in intensity at Tarbes, and only began to diminish when, towards noon, the desiderated goal was clearly visible, and when a little later the train slackened speed and stopped at Lourdes station.

The confusion was then indescribable. Other trainloads

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of pilgrims had arrived from other places: a green train from Paris; a white train from Bordeaux; a blue train from Belgium. The station seemed alive with the faithful, with priests, nuns, invalids, litters, little carriages; cries, appeals, and laments mingled with the shriek of locomotives, the grinding of wheels, and the shouts of railwaymen.

When order had been to some extent restored, I was able, in my turn, to look after the conveyance of my patients—the least serious cases to the hotel; the gravest cases to the *Asile*, a kind of hospice with great dormitories without any decoration and lacking all sanitary provisions; a truly popular dormitory with beds and stretchers in abundance.

At last I was able to retire to the room of a modern hotel provided with every possible or conceivable comfort, where I found all my Genoese acquaintances of the first-class compartment assembled. They were brimming with enthusiasm and curiosity; but this evening they were too overcome by fatigue to wish to leave immediately. After the bustle of arrival and the weariness from a sleepless night in the train, nothing was more agreeable than a good night's rest. We retired to bed dreaming of blue trains and white trains, of litters and invalids, of miraculous cures.

But that year miracles were not performed.

We were well advanced in August; that is to say, nearly at the end of the pilgrimage season, and good Dr. Boissarie, chief of the *Bureau des Constatations*, had not yet recorded a single miracle. I do not wish to aver that there are no supernatural cures; cases have been recorded which seem very extraordinary. The doctor, however, had appeared neither astonished nor impressed by them.

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The dumb had spoken, paralytics had moved their limbs, but these recoveries did not relate to organic disease, but to functional nervous disorders.

There was even a story of a case of serious pulmonary tuberculosis with bilateral hollows, high temperature, coughing and purulent expectoration, profuse sweating accompanied by decline. The sufferer made the laborious journey to Lourdes. On arrival she was accommodated at the *Asile*, and despite the gravity of her illness she had insisted on immersion in the pool. While in the water she had suddenly felt a marked improvement accompanied by the almost total disappearance of all the objective symptoms of her ailment.

Taken to the *Bureau des Constatactions*, Dr. Boissarie had found her marvellously well, an opinion which was checked by a somatic examination conducted by several foreign doctors. Unfortunately, the earlier medical certificates were neither complete nor accompanied by the necessary laboratory tests.

A similar instance came under my own notice. While I was assisting Dr. Boissarie in the *Bureau des Constatactions* there was introduced a middle-aged lady who had come to Lourdes with large ulcerous sores on the lower joints. These ulcerations, which were presumed to be of a varicose character, had been under various kinds of treatment for a long period, without exhibiting the slightest improvement; so much so that the unhappy woman had been incapable of attending to the slightest domestic duties. Driven to despair, she had decided to join a pilgrimage to Lourdes as a possible remedy.

She had immersed her legs in the pool, whence she was carried in an almost fainting condition to the *Asile*; and

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while she was being tended to, the wounds had rapidly and completely healed, to the amazement of herself and the nurses. The crowd acclaimed a miracle and the invalid, henceforth cured, had come, without any assistance, to the *Bureau des Constatations*, accompanied by her friends:

"I am cured, I am cured!" asserted the poor woman, displaying her legs, and Dr. Boissarie, considerate but sceptical, had made her unrobe and then lie on a little bed. On the lower joints, corresponding to the median surface of the lower extremities, in the tibio-tarsian region and in the instep there were, in fact, very recent scars, still inflamed and covered with a very delicate and very fragile epidermis. But there was no trace of sores or ulcers.

What had become of these sores? Dr. Boissarie re-examined with great care, felt, touched, just like St. Thomas the Apostle; then he looked inquiringly at us all.

Had the sores ever existed? The woman swore that they had. People exclaimed: "A few minutes before bathing, that is to say less than three hours ago, the leg was nothing but an ulcer; everybody will tell you. . . ."

The doctor shook his head. If only there had been documents; photographs, for instance; certificates of qualified doctors! But no certificate existed, let alone photographs. The doctor was not convinced, and to the wonderment of all present declared that he could not accept the verbal statements of interested parties.

He dismissed the invalid with encouraging words . . . but declined to admit any evidence of a miracle!

One of the most impressive sights which I witnessed during my brief visit to Lourdes was the procession of the Holy Sacrament, which moved across the vast square of

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the cathedral. I never saw anything to compare with it in all my life.

The procession usually takes place in the afternoon, towards four o'clock, when the weather permits. The day fixed for the reception of the invalids under my supervision duly arrived, and I was specially invited to join the *Bureau des Constatations*.

It was a glorious summer afternoon, hot, but with a beautiful breeze such as often blows in that charming valley of the Pyrenees.

I left my hotel full of curiosity to see everything (after all that I had read and heard about these religious manifestations I was very keenly interested), and took the road which leads to the Sanctuary and the Grotto. But the concourse was very dense, and the confusion increased as I approached. Itinerant vendors were crying their sacred emblems: various medals and souvenirs, images of the saints, statuettes of the Virgin Mary, pictures of the Grotto, of Saint Bernadette kneeling before the apparition, wax candles, and a host of other emblems.

I tried to force my way through this pious crowd of pilgrims, of invalids, and sellers of sacred things, and managed with great difficulty to reach the door of the *Bureau*. It was time, for the entrance looked like being blocked by the multitude. I reached the room set apart for the doctors and took up my station by the window. Over the vast square, on the splendid staircases which led to the cathedral and as far as the gardens, the army of the faithful was gathered in one immense circle.

In front, like a hedge, extended the array of invalids, some placed on stretchers, others seated in little carriages and reposing on pillows. From the ranks of the faithful

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there arose a confused hubbub of prayers, excited and delirious invocations; sacred hymns alternated with calls and lamentations; some wept, appealing to the Holy Virgin in loud tones; others turned themselves and stretched out their hands towards the sanctuary, ecstatic and joyous; while feeble invalids moved on their stretchers and their features betrayed the strangest expressions.

From this pitiful scene one dominating cry uprose:

O Lord, heal our sick!

Son of David, have mercy upon us!

A strident, almost savage invocation; an insistent and obstinate entreaty!

Looking from our window upon this vast delirious congregation, this immense assembly of human suffering and of religious exaltation, I wondered what would happen at the passage of the Holy Sacrament.

Fortunately, I observed a corps of ambulance men, all fine young fellows, drawn up round the square, who were instructed to preserve order; purely voluntary nurses, athletes furnished with ropes to control the crowd and guard the procession.

My patients were nearly all there; at the bottom of the square I saw the poor blind woman and her husband, the paralytic on his litter, and the dropsical man in his little conveyance, his immense abdomen hidden with shawls; but their faces were changed, almost transfigured; their eyes were enlarged, their expression lit up by Faith and Hope! They were possessed by a strange and morbid enthusiasm. The choraic child himself was twisting his wretched body more than usual and the paralytic's hands were agitated in a manner almost incredible.

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But soon all eyes were directed towards the cathedral. A hoarse cry arose from thousands of throats. Slowly and solemnly the procession issued from the nave of the temple; the clergy in the van with the great cross; a few paces behind, the delegations of the many pilgrimages, carrying their shining banners; then priests chanting praises to the Saviour in loud tones. And lastly, the canopy, glittering and gilded, borne by four ecclesiastics, under which the Most Holy Sacrament, in a casket of gold and precious stones, was carried by a high prelate.

The procession solemnly advanced and moved towards the right side of the vast square, the crowd intensely moved. One was reminded of the heavings of a sea lashed by a tempest. The invocations became howls, and faces assumed extraordinary expressions. The hands of the invalids were directed towards the canopy . . . when suddenly a more piercing cry arose; in the prelate's vicinity an invalid stood up upon her litter, cast away her blanket, and remained on her legs.

There was a wave of discordance in the crowd; the woman was surrounded on all sides; in the tumult she might have been crushed and suffocated. Everyone was anxious to verify the miracle at close quarters, each and all wanted to touch the miraculously cured. Those nearest embraced her in transports of emotion.

The ambulance men experienced difficulty in reaching her and forming a bodyguard, and she was carried to the steps of the *Bureau des Constatations*.

A few minutes later the door of the *Bureau* opened and she came forward, still guarded by the ambulance men and followed by a curious crowd, who tried to enter the premises and were with difficulty restrained.

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The young woman was still labouring under great excitement and was on the verge of delirium. She seemed to be suffering from hallucination, her eyes were staring wildly; she simply repeated mechanically, almost unconsciously, the same phrase: "*I am healed, I am healed!*"

Dr. Boissarie, familiar with such scenes, made no fuss. He placed her on the examination couch, left her in quietness for a few moments, during which he endeavoured to obtain information from the relatives regarding the course of the disease. But the relatives themselves were demented. They could only stammer broken and incoherent sentences. Her sister, however, produced a sheet of paper, a Paris doctor's certificate, which attested that the young woman had been suffering for ten years from tuberculosis of the dorso-lumbar vertebral column; a spondylitis which came on slowly and was treated by all accredited remedies: special corsets, solar treatment, iodine application, etc.

A protuberance had even appeared on the patient's body, and then the lower members were stricken with paralysis which had obliged the unfortunate female to keep her bed. In recent years not only had she been unable to walk, but it had been impossible for her to remain upright. This information was supplemented by short descriptions of the swelling and of a cold abscess which filled the right iliac pit at the time of her departure from Paris. This abscess ought to have been lanced, in the doctor's opinion; but before submitting to a new treatment, the invalid insisted on going to Lourdes. She had been transported thither on a little bed as she was incapable of movement. She had undertaken the journey on her own responsibility, accompanied by her relatives alone.

Dr. Boissarie rapidly perused the document; then he

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examined the patient, who had calmed down somewhat and even undressed herself with her parents' assistance. She exhibited what appeared to be a dorso-lumbar swelling, which was not sore; but there was not the least trace of a cold abscess in the iliac pit. The voluntary movements, the sensibility, the reflexes of the lower joints, were perfectly normal. And although the muscles were atrophied the young woman was able to move and lift her members. Requested to rise, she left the couch and walked.

A sound of astonishment escaped from the lips of those present, which included several doctors. Boissarie re-read the paper, but did not seem altogether convinced. He would have liked to have fuller information, a more precise clinical history, radiographs. If only the doctor who had attended her had accompanied his patient in person, it would have been very different!

The two women—the invalid and her sister—had travelled to Lourdes apart from the pilgrimage; so that even the testimony of a train-attendant was not available.

The doctor again interrogated the relatives and once more examined the young woman. Conscientious as he was, he seemed really perturbed; he did not know what to do and finally adopted the wisest course; that is to say, he placed the invalid under observation before expressing a decided opinion.

Meanwhile the procession of the Holy Sacrament had ended; the crowd had dispersed; some making for the great basilica, others for the Grotto; others again returning home or returning to their hotels. This cosmopolitan crowd was still teeming with excitement, as if enthused by surroundings so magnetic.

I left my post of observation, bade Dr. Boissarie farewell,

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and quietly returned to my hotel, pursuing a path among the booths, the vendors, and that rough array of pilgrims, without paying the slightest attention to what was going on around me.

My mind was too full of impressions and my soul of emotions. I could still see those expectant faces, those suppliant and tearful glances. I could still hear the wailing of the faithful:

*O Lord, heal our sick!
Son of David, have mercy upon us!*

I could still see the arms outstretched towards the glittering canopy, as if to compel the divine grace and gain salvation.

What an exhibition of suffering and of faith!

And among the crowds I persisted in thinking about the invalid with ulcerated wounds and the young woman suffering from spondylitis. How could these cures be explained? By what unknown physiological means had these ulcers of so many years' standing healed in so short a time? There could be no doubt as to their existence, as the recent scars were ample testimony to this.

Perhaps the ulcers were not varicose; perhaps there had been an error in diagnosis; however, even if these wounds had been of tubercular or syphilitic nature, it was no easier to explain the cure. When has a tubercular or syphilitic wound ever healed up in a few hours?

That the cure was instantaneous the parents had confirmed; or better still, the nurses of the *Asile*, who had ministered to the patient a few days previously.

What conclusion could be formed of the case of the young

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woman afflicted with spondylitis? Her cure was equally perplexing. In her instance there was a medical certificate of unquestionable validity and of recent date. The tuberculous disease of the last dorsal vertebra and the first lumbar admitted of no doubt, since the swelling was evident; and paralysis or at least the paresis of the lower joints certainly existed, since the invalid had been confined to her couch for a considerable time.

The atrophy of the muscles was not a negligible symptom. Speculating upon the actual causes at work, it might be inferred that during the long illness the inflammation had subsided and the injuries healed. Also, the condition of the nerve tissue in the rachidic canal might have mended and again established the conditions essential to their functioning and of this functioning the patient would be quite unconscious, accustomed as she had so long been to immobility.

A powerful moral shock might have acted as a stimulus, arousing her from her long torpor, as the lash of a whip restores a tired horse.

All this is plain sailing. But what can be divined of the cold abscess, the huge abscess noted by the doctor before the departure for Lourdes, and which he had purposed lancing?

Where had all the pus vanished? The fatigue of the journey, and especially the buffeting of the train, might have broken the abscess and the pus might have been drained into such an organ as the bladder or the intestine, to be eliminated with the urine or the faeces. But when had an iliac abscess of vertebral origin ever opened into the bladder or into the rectum? And admitting that this might have happened, is it likely that the young woman would

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not have noticed such a copious evacuation of pus with her urine or faeces? There is no absolute certitude in matters clinical, but one must admit the coincidence of a large number of facts each more singular than the other.

These thoughts harassed me all night long and prevented my sleeping. When I arose the next morning I was still tired and perplexed. I had even forgotten that I had to return to Italy in the afternoon.

These few days of pilgrimage had passed rapidly; they were days pregnant with emotion and surprises.

At three o'clock the Italian pilgrims were all to reassemble at the station. Our train was waiting under the great roof. Everyone was punctual. I found all my travelling companions dejected at the prospect of returning so soon; they would have liked to remain longer in this land of dreams, in this region of enthusiasm.

I inspected the invalids and the cripples. They were in the same state as before; no remedy, no improvement. I expected complaints, recriminations, or signs of disenchantment. Nothing of the kind, however. I found them resigned, almost relieved.

Some expressed their intention of returning another year, as the Holy Virgin had not vouchsafed them grace. Others retained confidence and were firmly persuaded that their cure would commence on their return to Italy. At Lourdes they had beseeched the Virgin; they would continue to pray to her in their own country; and her grace would heal them. Was it not written: *Pulsate et aperietur vobis*? All the pilgrims were vaguely conscious of a feeling of well-being; a strange and unusual serenity, an almost blissful state of resignation.

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I found my poor blind woman, blind as before, at the bottom of a third-class carriage. She was huddled up in a corner, leaning on her husband's arm.

I addressed her by her name and inquired how she was. She recognized my voice, as I had shown great interest in her, and had expressed fervent wishes for her recovery. She thanked me in a trembling voice. I hoped she would be restored on her return. She replied: "If God wills, I shall be cured; but I am happy despite everything, for I am certain one day to see my children in Paradise. . . ." I checked the tears in my eyes, surprised and edified at the same moment.

All these patients who had come to Lourdes to pray for grace and healing, these invalids who had made immense sacrifices, had borne unspeakable sufferings, supported under ghastly conditions the trying fatigues of the journey, without obtaining any improvement in their lot were returning home resigned, exalted, and tranquil. No word of disappointment escaped them, not a syllable of resentment.

Was not this miraculous in itself?

CHAPTER X

THE ACCIDENT

THE MOTOR-CAR IS A WONDERFUL INVENTION.

In my youth, however, this means of locomotion was unknown. If a doctor were in a hurry, he rode in a carriage or on a bicycle. Nowadays the bicycle is discredited; only workers and peasants use it, but originally it was a luxury and medical men found it highly expeditious. I recollect how the portico of the hospital would be transformed, during visiting hours, into a cyclists' parking place. To-day, however, the courtyard functions as a garage, and one can see as many types of car as at the motor show.

Yes, the car is a great boon to doctors, especially to surgeons, who have to respond with alacrity to emergency calls. Physicians and surgeons are in almost interminable movement, travelling from one part of the city to its extreme limits in the course of their visits and consultations. And in their rare moments of leisure it is a great convenience to the weariest of all workers, who by its means can spend some hours in the open air and in the speed and motion of the car can forget the never-ending tribulations and perplexities of professional life. It is to them a delightful tonic; for a few hours, at least, it gives to the slave of duty the illusion of liberation.

But it is too often a treacherous and dangerous ally, especially to those who aspire to drive safely while thinking of far other things.

One beautiful Sunday in November I took my family

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for a country run. We had set out for the smiling Brianza district and the delightful banks of the Lario; we returned, but with another passenger, a new patient, whom I conveyed to my clinic with a wealth of tenderness never before lavished upon a passenger or invalid.

We had tarried awhile at the monastery of Mandello, resting at a delightful tavern on the shores of the lake. Olive-trees and cypresses, the late garden flowers, white chrysanthemums, the golden leaves of the plane-trees swaying gently in the breeze, the setting sun casting fantastic shadows over the snowy peaks of the Grigne and the cliffs of San Martino—all conspired not only to banish from my mind the cares and anxieties of my profession, but also the time for return.

Night began to fall and a light mist rose from the pastures. Regretfully we made ready for return. I took the wheel and, following the Lecco road, passed the bridge over the Adda and rapidly Merate, Monza, and Sesto San Giovanni were left behind us.

We were now on the road to Milan and felt almost at our journey's end.

I switched on the headlights and slowed down. An association of ideas made me think suddenly of the moment when I must return to the clinic. My holiday was over. In my mind's eye I pictured the patients I had left some hours before. . . . How was that infernal peritonitis progressing? . . . And that gastro-enterostomy I conducted yesterday? . . .

Suddenly an agonized cry burst from us. A grey shadow had stolen out from the side road on the right from under the big plane-trees that lined the thoroughfare and was rushing across the path. I applied the brakes and turned

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the car to the left . . . but at the same instant the shadow was embraced by the right mudguard.

The car came to a standstill half across the road, and we all alighted. A woman was lying on the ground, unconscious, and betraying little sign of life.

My cousin, who was with us, bent over her. She was breathing feebly but the pulse was almost imperceptible. My daughter was crying, my wife faint, whilst I was bewildered, almost paralysed. In the profound darkness I lifted the woman from the earth and laid her upon the back seat of the car. She seemed as inert as a bundle of rags.

Was she still living?

Leaving my cousin to attend to my family, I restarted the car in order to carry the unfortunate woman, dead or alive, to the hospital. No one desired to accompany me and I was now alone with my dismal burden. . . .

But the car failed to go after a few yards so I alighted to ascertain the reason. The bumper was scraping against the right wheel and there was also a minor injury to the mudguard. Some forcible kicks, however, remedied the trouble and I went on.

I tried to hurry but my hands were shaking on the steering-wheel. I was alarmed. . . . From time to time I sent a hasty glance to the rear of the car. The movement of the car jolted the unhappy woman and her posture was changed, but she vouchsafed no other sign of life. . . . At the Porta Venezia I was momentarily checked by cross traffic and had a better opportunity for an examination of my passenger, whose limbs had become uncovered by the motion of the car. I shook her gently, but she showed no sign of vitality.

At last I reached the hospital and summoned assistance.

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The attendants raised the poor creature; a nun appeared and a policeman. They carried her into the dispensary and placed her on a bed. At last I could see what she looked like.

She was a woman of middle age in a condition of complete unconsciousness. Her face was cyanotic and congested, but, God be praised! a feeble, rasping respiration showed that she still survived.

The staff doctors hurriedly assembled, undressed, and examined her. The pulse was very low and intermittent; there were several bumps and contusions on her head. The right forearm was fractured. But her general condition was the most disquieting feature of all.

I gave the policeman a description of the mishap and confided the poor woman to the care of colleagues; then I deemed it advisable to withdraw. But during the evening Sister Agostina telephoned to my house to report that the case was becoming progressively graver. She informed me that the physician and the policeman suggested that I should disappear for twenty-four hours, for if the patient succumbed the authorities would certainly arrest me. . . .

My wife, in alarm, insisted that I must sleep elsewhere; she sent me to my cousin's house. How *could* I sleep? No sooner had I arrived at my host's than I became anxious to depart, so I returned home.

It was impossible to rest.

I constantly recalled that sinister shadow crossing the road. The least sound startled me. I tossed on my couch, then jumped up and paced the room. Damnable motor-car!

Long before dawn I was thoroughly exhausted. I rose, dressed, and descended to the still silent and deserted street; softly I made my way by cross-roads to the hospital. I entered on tiptoe and passed through the well-known

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corridor; I reached the ward where the injured woman would be, if she were yet alive. Thank God she was still there, in her corner bed. . . .

Stealthily I approached the bedside. The patient had a rattle in her throat and was sleeping. I could still detect her pulse, but it was hard, tight, infrequent. There had been no bleeding at the nose or ears; I ventured to hope that there might be no fracture at the base of the skull.

The sister saw me and recognized me . . . she told me that soon after being put to bed the patient had almost died; then the pulse had begun to beat again . . . breathing had improved. While consciousness had not yet returned, she had murmured a few words.

"She didn't die on the spot; she'll pull through."

Meanwhile dawn was breaking outside. I felt slightly less apprehensive, but could not kill time. I thought of consulting a solicitor.

At the office of the insurance company, where I went to report the accident, whom should I encounter in the office but my relative lawyer Acerbi, a great authority on these questions, a notorious pettifogger before the Lord, as ingenious and wise as a serpent. He tried to reassure me.

"Keep cool," he advised. "If things happened as you say, you are all right. Of course, it is not enough to be right; you must prove it with witnesses. I'll think it over. Try to save the woman; it is your job and your duty . . . you understand?"

He had elucidated the matter convincingly. His words gave me encouragement. My plain duty was to exercise my surgical skill to the utmost. And as I assured him, I doubt whether another invalid was ever tended with greater solicitude or more heartfelt emotion.

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When I returned to the hospital the injured woman had shown some evidence of life; her right side was paralysed and her left side was slightly paretic, but she had murmured a few words; she had even recognized her lover, who had hastened to the hospital on the first evening vowing vengeance and demanding compensation for the injuries inflicted.

This very slight improvement was more than maintained on the following day, and I obtained permission to have her removed to my department.

I was, however, somewhat hesitant. I wondered whether this was advisable. My assistants demurred. They considered that I ought not to assume so serious a responsibility in view of my dual rôle of defendant and surgeon.

In any event, they were right in theory. Nevertheless, I mobilized all the resources of my department to heal the patient.

She was removed to a special room, where absolute silence prevailed, and was watched day and night by trained nurses. All my assistants—and they were many—volunteered their services.

Not content with surgical aid, I enlisted the help of the neighbouring department of neuro-pathology, whose eminent specialists of world-wide reputation spared no trouble to second my endeavours.

Had she been England's queen, nothing more could have been done for her. However, in spite of all our care and solicitude, the course of the malady was anything but smooth. It was a terrible punishment to me.

For more than a month I alternated between hope and despair; and not having become neurasthenic at that time, it is probable that I shall never suffer from nervous breakdown.

We fought first with death, then with chronic invalidity.

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With the most delicate Röntgen apparatus we probed the most secret folds of the cranial base to look for a fracture which we failed to find.

The cephalosphinal liquid charged with blood and the so-called pyramidal symptoms, apart from the paresis, indicated a cerebral contusion. One day the pulse dropped to thirty-four to the minute, and then we discussed whether or not to operate; we suspected then that the compression was due to a haematic tumour.

I dared not operate.

When at last the patient's general condition had improved and cure was in sight, she exhibited a species of dementia, authentic or partially feigned, which made one fear cerebral complications resulting from traumatism. I was more worried than ever. Already I could see my victim *mad*, incapable of working, confined in an asylum. Death would be preferable.

Once more I lost my appetite and suffered sleepless nights. My wife was in despair, and knew not what saint to invoke. In due course the insanity passed away, but we had further trials owing to the fracture of the forearm. An X-ray examination showed that the bones at first set well, but were very badly placed, causing the invalid severe discomfort.

We had to use the apparatus on three consecutive occasions and watch the patient constantly to prevent her moving.

But at the end of the treatment another surprise awaited us: on removing the bandage we discovered that the radial nerve was paralysed, the cause of which was difficult to determine—probably the compression. We had recourse to further massages and radiotherapy, with the result that this latter affliction eventually vanished.

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Finally, the unfortunate woman left the hospital completely cured, patched up according to the rules insisted upon by the insurance agency. Curiously, despite all her sufferings, she had actually put on weight whilst I had lost nearly two stone!

In short, this time the chief sufferer had been myself!

So concluded the accident.

No criminal proceedings were instituted; I did not have to stand in the dock, as my hospital colleagues, taking an extremely optimistic view of the case, had declared from the outset that the patient would recover in thirty days.

As I was insured and matters were smoothly arranged, there were not even civil proceedings, and when everything was settled I was only ten francs out of pocket for repairing the bumper and the mudguard, which were not covered by insurance. But what painful memories I retained of that sad evening which had succeeded our pleasant journey to Mandello Lario!

And I must also take my fright into consideration.

The guilty car remained in the garage, and for several months I could not summon sufficient courage to go and look at it.

When the woman left the hospital I tried to take the wheel again. Every time a pedestrian crossed the road I trembled and again saw that fateful shadow; I recalled my daughter's cries and conjured up that grievous return when I was unaware whether I was transporting a living creature or a corpse.

It is not a pleasant story; I have narrated it in all sincerity, in a minor key, to remind myself, if not to assure my colleagues, that a motor journey is apt to prove a most distressing and laborious kind of operation.

CHAPTER XI

THE SECRET

PROFESSIONAL SECRECY IS A SACRED DUTY TO THE SURGEON as to any other medical practitioner. Woe betide the surgeon who does not scrupulously observe the strict silence which appertains to his calling. Evil overtake the physician who, through negligence or levity or even inadvertence, should disclose the slightest hint of any confidence which has been reposed in him by his patient.

He is, and must be, like the priest who listens to a confession. The inviolability of the professional secret must be observed by him in its most absolute sense and prevail over the demands of the magistracy, when his professional conscience is in conflict with the law's search for truth.

When I was an obstetrician I frequently found myself in critical and contradictory circumstances.

I would be called, for example, to attend to a serious haemorrhage due to criminal abortionist manipulations practised by midwives and would discover the most palpable proofs of the offence, such as a bougie, or other instruments.

In other circumstances, more serious and more tragic, I have been called in to attend to cases of the perforation of the uterus by criminal means, to secure an abortion, and have been compelled to remove the patient immediately to a nursing-home or a hospital for a hysterectomy—that is to say, an ablation of the uterus—in order to preserve the woman's life.

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If, in such a case, the patient should succumb, the surgeon's duty to the law is perfectly simple. He must report the criminal act to the police: the crime against maternity. It rests with the authorities to take whatever action the circumstances require.

But if the patient should not die, the surgeon is on the horns of a terrible dilemma; on the one hand, he ought to report the criminal abortion like any other illegal act; on the other hand, if he did so he would injure his patient, who is equally guilty and whose confidence he must not betray.

What should he do? It is a knotty problem which has not yet been solved, one which arises not only in instances of criminal abortion, but in numerous other surgical cases: wounds, scuffles, crimes of every description.

Speaking of abortion, in my time, that is to say when I was an obstetrician, the tendency was to maintain professional secrecy absolutely; in other words, no report whatever was made unless the patient died.

Now the law against these infamous practices has been tightened up to such an extent that the tendency seems to be to sanction the non-observance of professional secrecy.

I say it seems because I do not fully understand what the present practice is, which would suggest that it is not very clear.

Still, it is quite certain that professional secrecy sometimes puts the surgeon to a severe test. I am not referring to the trivial indiscretions which the public attribute to us behind the patient's back in drawing-rooms or domestic circles, but it often occurs that we are assailed in the privacy of

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our own consulting-rooms, being interrogated and even probed by inquisitive people, whereas, in all conscience, it is impossible for us to speak.

This is a torment which was often inflicted on me, and which most certainly embarrasses a large circle of my colleagues.

One day I had to perform a nephrectomy on a pretty and charming young lady who was suffering from renal tuberculosis. The patient was intelligent and refined, but health had long forsaken her. A very frequent and undoubted syndrome had prompted her to consult me: discomforts in the urinary tract, pains in the right side, ischuria, and pollakiuria.

The poor girl had already experienced pulmonary symptoms, which, however, had died away. I made a very careful examination and came to the conclusion that the right kidney would have to be removed. My advice was accepted and the operation was performed. The patient recovered and, to all appearance, became quite normal again.

I had not seen her for more than a year when a young man and an elderly lady were shown into my consulting-room.

"I am the fiancé of Miss X, your patient, and this lady is my mother. Miss X and I intend to be married very shortly, but perhaps you will pardon my wanting to obtain some definite information regarding the young lady's health. Knowing that you attended her, it occurred to me to ask you what was the nature of the disease you treated and whether my fiancée is completely cured . . . in a word, whether she is healthy and fit for marriage. . . ."

I remembered the nature of the mutilation perfectly well,

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and even recalled previous pulmonary lesions. I knew that the young lady was not robust, that she lacked an important organ, a kidney; I reflected that other lesions of a similar nature might very well manifest themselves and, in my opinion, matrimony was out of the question. In all conscience, had she been my daughter I would not have given my consent, any more than I could have wished such a wife for my son.

I would even add that a pregnancy might be dangerous in such a case, since pregnancy would predispose her to an attack of tuberculosis and provoke latent or quiescent lesions. And assuming that this should not happen, what would become of any children that were born? No, I could not sanction such a crime. As doctor, as surgeon, I must exercise my veto. But what could I do to save this poor boy from the abyss which was yawning beneath his feet? I was forbidden to divulge professional secrets, in any circumstance, whatever it might be.

I did all that I honestly could do. I showed myself to be hesitant and indecisive. I said that it was impossible for me to answer such questions; that I had not seen the young lady for more than a year, and that I did not know how she was at the present moment. There is a proverb which runs: "A word to the wise is sufficient." However, my hints were not taken, or at least they were not interpreted as they should have been.

The young man was obviously very much in love, and there is no reasoning with love. The marriage took place and proved a shocking disaster. After a few months' transient happiness the wife became pregnant, which seriously affected her delicate health; then pleuritic and pulmonary troubles came in rapid succession. It became clear to me

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that the pregnancy must be terminated, after which the young wife rapidly worsened and then died.

If only I could have disregarded professional secrecy, were it merely for one second!

But sometimes, by scrupulously preserving confidences, a surgeon may, in very delicate cases, avert the ruin of a family by securing the peace and contentment of everyone concerned. What masculine frailties are piously screened with an impenetrable veil, and what feminine lapses are dissembled and concealed!

No one may invade the sanctuary where professional secrets are zealously safeguarded. By adhering firmly to this principle, the surgeon is a twofold benefactor: first, by his performance, then by holding his tongue.

I acted many times in accordance with these rules, which were also observed by one of my colleagues in a tragic case of extra-uterine pregnancy. As this was out of the ordinary, it deserves to be related.

Let me first of all proffer a brief explanation, at least to the non-medical reader.

Extra-uterine pregnancy is a terrible bugbear to a surgeon-accoucheur. It is a strange nosological phenomenon fraught with grave complications and surprises in diagnosis. A surgeon must be constantly on his guard to circumvent them.

Everyone is aware that a female element, the ovule (developed in the ovary) and a male particle, the spermatozoon (developed in the male sexual gland) co-operate in the wonderful act of procreation, but before conception can occur the two elements must meet and combine.

Where do they meet? Usually in the oviduct (a long and

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winding canal which connects the ovary with the uterus), whither the ovule arrives from the ovary, while the male element enters through the external organs. Here they meet, like two anxious and timid lovers.

They meet; and what causes them to do so is the eternal and ever wise law of attraction which governs the reproduction and conservation of the species. They embrace; then joined together they pursue their path towards the uterus, where over their union is cast a pudic veil, the uterine membrane, which welcomes, shelters, and protects them. There they will be nourished throughout their development, and the uterus as a thoughtful and generous host will house the egg in its development until the end of gestation, when it will be prompted to expel the product of sexual congress, that is to say the *son of man*.

The rest is a well-known story, for we have all travelled the same road, and thus seen the light of day. But what everyone does not know is that it sometimes happens that after these two elements have met, they lose their way. Why? No one knows precisely, as it is a very intricate problem. Perhaps the bliss of the embrace has stupefied and deceived them, possibly sweet oblivion has led them astray in the long and winding corridor. Alas! It is always the fatal straying of Tristan and Iseult, of Paolo and Francesca. But meanwhile, instead of reaching the uterus, the embryo develops elsewhere and finds lodgment in a fallopian tube. A melancholy misadventure which is fraught with dire peril to the life of its hostess, woman.

Unlike the uterus, the fallopian tube is not designed to accommodate the developing embryo; it cannot adapt itself to the growth of the new organism, which develops imperceptibly; for its walls are exiguous and tight, incapable

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of dilatation; when they reach a certain point of expansion they fracture. In the fatal and inevitable rupture they dislocate the blood vessels, the arteries, and veins, and blood rushes into the abdomen, that is to say, the peritoneal cavity. The result is an internal haemorrhage, because the blood cannot find an external outlet; the patient is exhausted, and if the surgeon does not intervene promptly, she is almost immediately denuded of blood, and in most cases dies.

Such cases as this happen very suddenly, and the doctor who has taken the situation in at a glance after a careful diagnosis must have the patient removed without delay to a clinic or a hospital, where an operation can be performed. But woe betide the doctor whose diagnosis is erroneous: woe betide the man who is dilatory or hesitant.

I must also add that diagnosis in these cases is not always easy. It is almost impossible before the crisis occurs, and this often assumes aspects likely to mislead the most experienced clinician; acute syndromes of the abdomen, which may sometimes be confused with many similar symptoms; syndromes which, however, are characterized by a peculiar symptom which has always guided me in my diagnosis; that is to say, anaemia, the extreme pallor of the patient, a wanness caused by internal haemorrhage, a pallor which is striking in its impressiveness.

But I am digressing; it would be better to terminate these explanations and give place to my friend Dr. Wundarzt, who described to me a terrible adventure he himself experienced. He told me the story in the Mayo Clinic at Rochester, while we were waiting for the operations to begin.

I repeat the story in his own words:

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"One November evening a colleague called me in to attend a lady of high social standing, who was in a very grave condition. She had dined sumptuously with a friend in a restaurant and, among other things, had eaten highly seasoned dishes, lobsters, sardines, anchovies, and preserved meat. Soon after the meal she had been attacked by violent pains in the stomach, succeeded by vomiting and syncope. She had been taken home and the doctor, who was immediately summoned, had found her suffering from a vague abdominal colic.

"The lady was married, but the husband had been absent for a year, being detained abroad by important business; he was expected to return almost immediately. From scanty information supplied by the relatives and from certain appearances and still more from the somatic examination the doctor concluded that he was dealing with a case of blood-poisoning from meat that had putrefied; in short, a case of botulism, and his conviction was strengthened by the vomiting as well as by the circumstance that those present admitted having eaten tinned meat and fish.

"The doctor had ordered an emetic to induce vomiting; he had even prescribed a purgative to clear the intestine; but as the patient became worse, he recommended a surgeon's services, as he considered his single responsibility too great, in view of the select circles in which the patient moved.

"I was soon on the spot and found myself in a distracting atmosphere. I walked right into tragedy. In the sumptuous apartment there was a coming and going of servants, maids, relatives, and friends, all gravely concerned. It seemed incredible to them that this handsome young woman, who had been so merry during the repast, sustaining a general

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conversation with her customary spirit, was lying on her bed in deadly danger so shortly afterwards. In God's name, what had happened to her? What poisonous substance had she assimilated? How could this be explained, since everyone else had eaten the same food and no other guest had been overtaken by sudden illness?

"On entering the room where the fair sufferer was lying, looking extremely pale and almost lifeless, I observed that the swoon had grown almost continuous. She recovered consciousness at rare intervals only, and then complained of a distressing pain in the stomach, particularly in the pit and on the right side; then she would fall back completely exhausted. Appendicitis? A perforation? Peritonitis? I made a hurried examination, even a gynaecological one, but could find no positive symptom calculated to enlighten me. Yet this pallor, this extreme anaemia, this fainting, were obvious indications of a severe haemorrhage. But where was the seat of the trouble? I thought of an extra-uterine pregnancy, but dared not express this fear; the husband, it was said, had been absent for more than a year. However, time was passing; we must act; we dare not hesitate; we must operate immediately. I informed the relatives that it was a case of acute appendicitis, perhaps there was even a perforation of the appendix, with a threat of peritonitis. The patient must therefore be removed to a nursing-home without delay.

"The family—the mother, the parents-in-law, and the brothers—had all lost their heads, but fortunately I was given a free hand. Half an hour later the young woman was on the operating table in front of me and my assistants. I would have no one else present, neither nurses nor midwife, not even the family doctor.

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"Swiftly I opened the abdomen. There was a rush of blood, which inundated the operatory sphere. My suspicions were confirmed; there was a great inundation of blood, in part liquid, in part coagulated; the haemorrhage came from a big rupture in the right fallopian tube, where I saw a small embryo projecting, a little amorphous organism about two months old!

"I looked at my assistants and imposed on them what I deemed imperative: *silence*. The tube was quickly emptied, the blood evacuated. I noticed the appendix, and thought I had never seen one so healthy. Nevertheless, I removed it likewise. The operation was soon over, and my assistants did everything possible to restore the very pretty young woman, who was lying on the bed like a waxen image, in tragic abandonment.

"Would she pull through? I left the patient for a moment and hastened away to destroy the tube and the embryo, those positive proofs of pregnancy. The appendix? No. I would keep that in order to display it in triumph to all the family, who were anxiously waiting in the corridors of the nursing-home. I exhibited it to them, pointing out the lesions (which did not exist) and the perforation which I had made artificially—and which had caused that intensely painful and almost fatal peritonitis.

"But would the unfortunate woman be saved? **This** was the anxious question which I read in the eyes of all the relatives, from whom the husband was absent . . . and it was just as well that he was not there!

"The course of events after the operation were difficult. The poor patient was exhausted and, despite all our endeavours, at the point of death.

"On the third day she improved a little, but there were

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symptoms of peritoneal inflammation; and this time I thought I had really lost her. The patient, however, was perfectly conscious; she asked for a priest, with whom she desired to remain alone, and talked with him longer than her strength allowed. What had she said to the minister of God? No one will ever know, as the priest, like the surgeon, must keep the great and terrible secret, the confessional secret! Perhaps some fatal mistake, a few moments of abandonment, a few hours of oblivion. . . .

“But after her confession the patient’s condition seemed to improve: the pulse became more regular and, by a curious coincidence, as she gained strength the symptoms of peritonitis diminished. A month later she was cured and left the nursing-home. She had recovered her health. Before leaving she wished to thank me. She invited me into her room, but when we were alone together she burst into tears.

“I could not trust myself to speak and left the room abruptly, but I understood what she had been unable to put into words. Yes, she was grateful for what I had done for her, for I had saved her life and, with life, something more gracious still for her husband and her children: honour and peace.”

CHAPTER XII

DUELLING

I HAVE NEVER SUPPORTED NOR UNDERSTOOD DUELLING; consequently, I have always hesitated to offer my services in such cases. On three occasions, however, I was unable to escape. Once I received an instruction which I could not ignore, and in two other instances friends and even relatives were involved. Had I refused to help them, the duel would still have been fought; the medical treatment would have been committed to hands less skilful than mine in the delicate manipulations of surgery; and if anything serious had occurred, I could never have forgiven myself.

But the duels at which I happened to be present were so devoid of gravity that they deepened my contempt for these childish mediaeval survivals.

On the first occasion I consented to assist at the urgent entreaty of a professional friend.

The person concerned was a relative of my own, an artillery officer who, in consequence of jealousy, had been insulted in a theatre by a celebrated lawyer. A challenge had been sent, and when I read the duelling rules drawn up by the parties concerned, I shivered with fear. The duel was to be conducted with sabres, and no thrusts were to be debarred; the fight was to continue until one of the combatants should find himself incapable of retaining his feet, but the doctors were given authority to stop the fight when one of the duellists was plainly reduced to a state of obvious inferiority.

"Great Scott!" I thought. "What barbarity. Here are we

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doctors working ourselves to death in order to preserve the well-being of our fellows and prolong the lives of sick and delicate creatures, and here are two splendid men, in perfect health, useful to society, who are determined to destroy their bodily integrity and, if God so wills, life itself. It's worse than idiotic. Possibly the one who is in the right will be he who has to suffer."

This was the first duel at which I had ever been present, but I recalled all the cases of serious wounds that I had read in the newspapers; I remembered the end of the unfortunate Cavallotti: the point of his adversary's sabre thrust into his mouth, severing the carotid in the maxillo-pharyngeal triangle, and this famous man died in a few moments of haemorrhage and asphyxia, for the gory liquid, rushing forth in torrents, had choked the respiratory tract even before the surgeon present (who was famous in his profession) had time to intervene.

This tragic incident aroused considerable animadversion and the surgeon was greatly distressed, but how could he ligature the unfortunate's blood vessels on the lawn of a villa, in the absence of an assistant or appliances? The operation would have been a difficult and delicate one in an operating theatre, with assistants and every necessary convenience.

I recalled other fatal accidents, strange and serious injuries about which I had read in magazines, novels, or newspapers. I racked my brains in order to arrange matters and act in a manner to prevent any disastrous happening. I freely confess that I cursed that relic of barbarism, and was tempted to find an excuse for withdrawing, for my responsibility, in case of disaster, seemed to be grave, not to mention the indignity of being arrested by the police

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and all of us (duellists and doctors alike) being committed to gaol.

However, I had accepted the painful obligation and could not retire, so I sought relief for my feelings by making elaborate preparations. I instructed the nurses attached to my clinic to hold themselves in readiness for any emergency, in the possible necessity of an urgent operation; for if my principal were seriously wounded, it was my intention to have him promptly removed to more favourable surroundings. I also requested my several assistants to let me know where they could be found at a particular time, and to consider themselves as mobilized to respond to my appeal without delay; and I prepared my case of lancets and sterilized instruments, a little medicine-chest, bandages, haemostatic ligatures, indiarubber gloves, overalls, etc.; in short, an aggregation which could scarcely be packed in a motor-car and conveyed to the scene of combat.

Needless to state I did not sleep a wink through the night preceding the encounter, and when morning broke at last I rushed to the nursing-home to collect all my instruments and make sure that everything was in order, that everything had been completely sterilized, and that nothing was missing.

At half-past eight one of the seconds came to fetch me. I dumped about half a hundredweight of different articles in the car, and we set off.

The duel was to take place on the racecourse of San Siro. Between the stables and the stands was a green lawn where the horses used to be exercised. Sheltered from any undesirable intruders, we there made our preparations for the impending fight.

When I arrived all the others were ready, except the

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doctor in the opposite camp. I was introduced to my principal, who was a handsome man of military appearance, with a manner both frank and engaging.

What a folly, I meditated, to be exposed to being wounded or mutilated. Let us hope, at least, that it will not be he who will receive the cuts. He looks as if he could give some; he is slim, supple, and muscular. His opponent, on the other hand, was a pot-bellied man, who would provide an easy target.

But what a disgusting place for surgical aid! A place dedicated to horses was bound to be a source of tetanic infection, and there was no accommodation for the appliances. All my boxes of medicine and instruments were deposited in a neighbouring hut, where I could not find a basin in which to cleanse my hands. I felt extremely uncomfortable when I reflected that I might be obliged to render urgent surgical assistance or even to perform an operation in this rotten hole. I was nearly reduced to helplessness in advance.

The fencing-master observed me curiously. Returning his look, I divined that he had never seen so many preparations, so many instruments spread out for a duel. I endeavoured to reassure him.

"You see, I have taken all precautions; if the worst happens, I wanted to be ready for any emergency. I did so for good luck. All the same, I suppose the duellists won't rip each other open?"

The good man smiled, like one who knew, and with a slight touch of condescension he said:

"Leave things to me!"

While we were speaking the last arrival, who was the adversary's doctor, made his appearance. He turned out to

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be my excellent old friend, Professor Jemoli, the well-known surgeon, my old professor of operatory technique, and a specialist in duels. An admirable colleague, in short, but why had he made no preparations?

I greeted him cordially and showed him my equipment in the hut. He burst out laughing, drew a little receptacle from his pocket, and said:

“Even this is unnecessary. There will be no occasion to use it.”

I looked at him in amazement.

“What? A duel as dangerous as this! No thrusts barred?”

“Just so,” he replied. “The conditions are risky, but there is always a loophole. Have you read the rules carefully? One rule authorizes us to suspend the fight as soon as we ascertain that one of the duellists has reached a state of physical inferiority. Leave matters to me.”

“Very well,” I surmised, “we shall see.”

Meanwhile the duellists had disrobed to the waist; the blades had been tested; everything was in trim. The fencing-master gave the signal, and the two antagonists set about each other. There was a succession of strokes, a clicking of sabres, cleaving and driving in every direction.

I stood apart, as the spectacle was not to my liking; this unseemly exhibition did not impress me in the least.

My colleague, on the other hand, remained near the combatants, with a large wad of cotton-wool in his hands. He was attentive and studied every movement. At first I did not understand what he was doing; but soon I saw him dash forward and dab the wool on his principal's forearm, crying like a man possessed:

“Stop! Wounded! Wounded!”

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The pinked man, in sober truth, was not aware of anything wrong, but the solicitous Professor Jemoli was so persuasive that the imaginary wound was made real!

In fact, my excellent colleague held up the blood-soaked wool and cried: "There is a lesion of the dermal skin and the epidermis!" And he pressed the wool again upon his principal's forearm and dragged him into the hut.

I followed him and in the shelter, away from inquisitive spectators, we solemnly bandaged the arm. The point of the sword had just grazed the skin. It was little more than a scratch, which did not penetrate far, although it bled profusely.

The wounded man was pale as death; doubtless he feared he stood in real danger owing to the commotion his surgeon was making. The latter disinfected with so much concern and bandaged with so much care that when the dressing was completed the poor man of law resembled a patient emerging from a hospital.

When the smitten man stepped over the threshold of the hut, with his ghastly countenance and bandaged arm, the seconds shivered. No one dreamed of suggesting that the fight should proceed. Nothing remained but to make up the medical report, and we stood to do this and began the attestation with the solemn words:

"Passing, *by chance*, near the Hippodrome of San Siro, the undersigned doctors and surgeons were urgently summoned to attend to an injured man," etc., etc.

More entertaining still was the second duel, at which I was constrained to lend my assistance.

One May morning I was on the way to my pavilion at the Central Hospital, where I was to perform a gastro-

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enterostomy, when a messenger intercepted me, carrying a confidential letter, to which an immediate answer was requested.

I opened the note and gathered that Mr. Grandi, an important personage, entreated me to meet him in the hospital courtyard at ten o'clock precisely and to place myself at his disposal for a few hours.

As soon as I had completed my operation I repaired to the spot named, where I found the important person, who was awaiting me in a private car. He invited me to accompany him to a duel, where he was to act as second. Who could refuse?

The encounter was fixed for eleven o'clock at a place outside the walls; the rules were very strict: a duel with pistols, one shot at a distance of twenty-five paces. I had never been present at a duel with firearms, and was alarmed at the prospect of a ball lodging in the head, or, worse still, in the abdomen! However, patience! I had barely time to get ready. I hurried into my dressing station and packed up all the lancets and medicines I could procure.

I found the two adversaries already on the ground, with livid faces, the troubled look, and the impatience which are so common in such cases.

I had hardly time to deposit my instrument in a neighbouring shelter: a kind of shed, where every variety of infection—even tetanus—was conceivable. "Poor surgeons," I reflected, "to think that we take so much trouble to disinfect a wound, and then there are people . . ." And I gave vent to my disgust.

The fencing-master soon came to inspect the arrangements. I cast at him my usual inquiring, almost supplicating glance. This time, too, I noticed that the master of the ceremonies

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was perfectly cool and collected. Making certain that we were alone, I put to him a diffident question.

"Don't worry," he whispered mysteriously in my ear. "I have performed everything essential to the satisfaction of honour without inflicting injury."

"You don't mean to imply that you have given them blank cartridges!"

"Good God, no; but the charge, yes, the charge. I loaded the pistols, and there is little or no lead."

"Ah! I understand!"

"Now it is your office to measure the distance; you remember . . . twenty-five paces. . . ."

I am fairly tall and my legs are long, but on this occasion I made them longer still. Real stilts! My paces were leaps, and the distance between them so considerable that once in position the two adversaries could hardly see each other.

The shot, the only one allowed, rang out, and I saw branches trembling above the two heads. A few leaves fell, but, fortunately, the pair of duellists were still on their feet.

They did not offer to shake hands (which mattered little), but they apparently departed in better spirits than when they arrived.

I gathered up my instruments, only too thankful that I had no occasion to use them.

The third and last duel at which I was present was my most painful experience of this character.

On this occasion also I found it impossible to refuse, as one of my relatives was involved, the best fellow in the world, and a devoted father of a family. At least I had the satisfaction of feeling that no one could render assistance

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with more affectionate solicitude and (be it said) with greater surgical skill.

For the third time I broke the law and ran the risk of being incarcerated. In Italy a subject who participates in a duel is liable to prosecution and religious excommunication. But it would seem that we surgeons, for the good of mankind, grow accustomed to everything, risk our lives and our liberty, and even our souls, and in the majority of instances without fee or reward.

But I am digressing. Suffice it to say that I was helping a relative for whom I entertained the highest regard. There is nothing more to be stated.

Here, too, I found the same very rigid conditions, the same desolate duelling-ground near a racecourse, quite near to Milan. But this time it was in the depths of winter, and the cold was intense. I trembled for the two duellists, both good friends, good husbands, and exemplary fathers of families, without any experience of this kind of combat. I trembled still more violently to see them face to face, naked to the waist, when the thermometer registered so many degrees below zero.

It was to be a duel with sabres, no strokes being excluded, with the customary clause that authorized doctors to end the fight when one of the belligerents should decline to a state of physical inferiority. And this time I kept a sharp look-out for that convenient scratch, which would afford me a pretext to exercise my discretion.

I therefore took up a position as near the combatants as possible. So close, in fact, that I was several times rebuked, while running the risk of being slashed. My eyes were riveted on these sabres, but no wounds were inflicted. My relative fought like a lion and his opponent proved as

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slippery as an eel. The strokes were fast and furious until the fancing-master suspended the conflict.

Whenever he saw them about to slash each other, he ordered them to cease. However, the rounds were many, and the duel seemed to have no end. The poor devils were exhausted; bathed in perspiration; their faces livid, even congested, while the thermometer remained below zero! More than of the danger of a mortal stroke, I thought of the possibility of the risk of congestion of the lungs, or, worse still, of pneumonia; and I cursed the inflexibility of a knightly code which exposed valuable lives at the behest of such ridiculous regulations!

Three times the duel had to be suspended; three times I covered my relative's throbbing and livid thorax and restored his circulation by means of massage. I suffered mentally and physically. For me the meeting became a moral debasement too greatly prolonged. I concentrated my attention on the sabres during the onslaught and the tension was so trying that I became giddy.

At last a good scratch brought blood to one fighter's arm. I darted forward, holding a sterilized cloth; I sponged the wound, shouting like a madman to stop the fight, and I strove to conceal the wound, for fear it would be declared too slight. I piloted the poor devil into a neighbouring hut and examined the injury: my opposite number was beside me to second my intentions.

The wound was, in fact, slight, too slight! It bled, however, and I applied such an abundance of bandage that when the dressing was done the duellist looked like a warrior back from the wars. And if his powers of resistance were not weakened by the wound itself, he was severely handicapped by his cumbersome bandages.

Duelling

We asserted it was inadvisable to continue the duel, a decision which appeared to afford lively satisfaction to the seconds. . . .

My own impression was that they had seen quite enough of it.

The conflict was ended; the antagonists shook hands and, what seemed most astonishing of all, they did not contract the least cold on that exceedingly frigid day.

But I swore an oath never to be present at another duel, and until this day I have maintained my vow.

CHAPTER XIII

ROMANCE

*Quando amore spira. . . .*¹

DANTE

AFTER MORE THAN TWENTY-FIVE YEARS I STILL REMEMBER vividly a lecture delivered in Venice, under the auspices of the Royal Institute of Science, Letters, and Arts, by Senator Davide Giordano, when he dealt with the romance of surgery.

Davide Giordano was a distinguished surgeon; one of those rare men who combine a capacity for cold scientific research with a love of letters and the arts. No spectator or auditor could refrain from admiring him as a very enlightened teacher and demonstrator, who was also a fine lecturer and impromptu speaker. When he addressed a congress it was a great pleasure to listen to him, an intellectual feast to trace the workings of his mind.

At the Florence Congress in 1922, after we had listened to some very learned dissertations on the duodenal ulcer, he delivered an address couched in such elegance of diction and critical analysis that he cast a spell over his audience and swept it into a state of delirious enthusiasm. And I also have pleasant remembrance of that Swiss surgical congress which was held in Lugano not many years ago, where we found ourselves the only Italians amongst that gathering of foreigners.

At a great banquet given by the Helvetic Society nearly all the leading representatives of world surgery were present

¹ "When love breathes."

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and proposed toasts in all tongues. His Excellency Dr. Motta, then President of the Swiss Confederation, likewise took part and we were delighted when he addressed us in Italian. Davide Giordano spoke last and delivered an extemporaneous speech in the purest French with such oratorical ease and such splendour of thought as to electrify this distinguished international assembly.

But it is rare to find a surgeon who loves and cultivates letters. It was Giordano himself who confessed with his usual wit that "literary aspirations were so foreign to a surgeon that he knew one who was plucked in a competition because one of the judges said that he wrote books which read like novels." And Dr. Ughetti, who with worldly prudence awaited his appointment as a professor before he composed novels, did not scruple to assert that the surgeon "who is most respected is generally he who is a little narrow in his outlook, he who does not allow himself the luxury of excessive culture, who has no comprehensive idea in his cranium, who can hardly see beyond bacteria, or hyperthermy, or the tympanic resonance. When a patient only finds these manifestations of his mystery at his doctor's or his surgeon's, he believes them to be strange and marvellous things, and is convinced that this doctor exercises his faculties to the utmost in order to wrest her well-guarded secrets from Nature. If, on the other hand, he discovers that a doctor is familiar with literature and the fine arts, that he writes and travels, he is easily persuaded that this literary equipment has been acquired to the detriment of his legitimate profession. . . ."

Thus Ughetti. Which of the two is right; that is to say, the public who thinks more highly of specialist surgeons, who concentrate all their skill upon their operatory art, or

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Professor Ughetti, who is also an imaginative writer? Perhaps the happy mean attains the ideal, as always. In other words, it is advantageous to a surgeon in addition to his professional occupation to possess an acquaintance with philosophical, literary, and artistic subjects. This capacity does not in the least degree impair the fullest loyalty to science, although it is perhaps a little anomalous that a physician and, above all, a surgeon have the leisure as well as the ability to compose poems and novels.

It may seem surprising, but it is not derogatory, and, after all, it is of rare occurrence. Still, it must be admitted that versatility of this character is inadvisable in a young surgeon. It is not, however, impossible, since Redi composed verses and Raiberti produced excellent poetry and remarkable novels. Mantegazza himself, in the midst of his hygienic researches, found time to write *A Voyage to Madeira* in a passing mood of scientific digression.

Yet Senator Giordano has never, so far as I am aware, published fiction. He has been content to discuss "surgery in the novel," by inquiring how novelists have dealt with surgery; what concepts they have formed of it, and particularly what kind of inaccuracies they perpetrate when they venture to treat of the surgical art.

He also told us some very entertaining stories in his most learned lecture. Here is De Amicis, for example, who left a poor old woman seventeen days with a strangulated hernia, and who pronounced her rapid cure after a startling and remarkable operation performed on the arrival of her son, who had travelled all the way from the Apennines to the Cordillera of the Andes. Here is Zola, who makes the surgeon Bouroche operate for a disarticulation of the shoulder in thirty-five seconds, and who, in another chapter, permits a

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soldier to march whose tibia has been shattered by a bullet. Then there is the sentimental Daudet who depicts a laparotomy performed at a poor wretch's house with an equipment calculated to make one shudder.

I forbear to speak of potions imbibed to induce abortion, or of accounts of accouchements or abortions teeming with details that are completely unknown to the most experienced obstetricians.

In a word, surgery is not the novelist's province.

It would be best if writers of fiction gave the subject a wide berth, but if they must employ it for the purpose of their plot, they ought to submit their statement to a qualified surgeon.

But if surgery is not permitted to play a happy part in romance, perhaps the case is otherwise with romantic surgery.

Surgeons are not antipathetic to ladies. It may even appear, particularly with regard to gynaecological practitioners and obstetricians, that they have been ordained to attract feminine favours almost automatically.

As to these pleasing surgeons, I might cite the proverb: "If you go to the mill, you get sprinkled with flour." The associating with and the healing of the softer sex sometimes leads to tender attachment. The love passion usually begins with gratitude which develops into a deeper feeling that is more permanent or disconcerting. Sometimes it is simply caprice on the patient's part, some little whim which must be indulged because it is inscribed somewhere in the skies, "Whatever woman wants . . ." Thus gratitude occasionally generates a doubtful romance, like a tale of Boccaccio, at times; on the other hand, it manifests itself in little

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episodes that are pure and sweet like the perfume of a violet.

Who is there, among medical men, who has no transient trouble to confess, or rather to treasure in the secret recesses of his memory? Who is there who has not some erotic episode upon which to meditate when his hair is turning grey? Sparkling pages which lengthen the book of life usually so insipid, and dreary, and prosaic in itself!

I am tempted to relate a certain sentimental story which concerns myself, in soft tones, or *en sourdine*, as the violinists say, and as befits whatever reminds us of the perfumes of departed spring. Do not fear that my wife will peruse it; she has long known the story and its ending. Moreover, it was an idyllic experience, sinless, like a young man's dream. . . . My children themselves have no need to blush over it.

I was then at the opening of my career, when one day I was summoned by telephone to a hotel to deal with an ordinary foot-sprain. I was ushered into a luxurious apartment, all lace-work and aroma. On the spotlessly white bed a charming young lady was reclining. She was returning from the Conservatoire when, on stepping out of her carriage, she had slipped and injured her right ankle.

I examined this with care; there was, in fact, a sprain of the tibio-tarsal articulation but there was no sign of fracture. I applied a temporary dressing, ordered an X-ray examination, and changed the bandage periodically. My visits continued for several months, for at first the foot had to remain perfectly still; then there followed prolonged massage treatment, succeeded by recuperative measures so elaborate that in their various forms the remedies seemed innumerable . . . from injections of iron to those of bioplastine, etc.

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The young woman desired to be treated in a manner regardless of time or expense and, to tell the truth, I was not altogether unwilling to attend to her precious health. My patient had boundless confidence in me, and she was so very nice! Of her identity I had not the least notion, nor did I even inquire. Just a patient whom I was attending and who, once cured, would need me no longer and whom, no doubt, I should never meet again.

From details which came out adventitiously, I knew that she received letters addressed to Sonia Janovsky. Was this her real name? Her friends called her "princess," for it appeared that she had been married to a Polish prince, from whom she had separated a year later.

It was difficult to tell exactly to what nation she belonged; she spoke Italian, French, and German, in each language like a native. She had descended on Milan like a star fallen from heaven; she had displayed a keen interest in prose, poetry, music, and the drama; her conversation was delightful to listen to, as she talked about everything with complete confidence, exhibited considerable culture, and submitted to dissentient opinion with exquisite courtesy. She was acquainted with many countries, as she had travelled extensively, but never expressed any decided preference for any special place. She led a very retired existence, beyond all scandal or suspicion.

She was a superb creature, young, tall, and elegant. A queen among women. She had blue eyes, with depths in them, but they were pensive, romantic, visionary optics. When she walked abroad people turned round to look at her, for she seemed to say, "Admire me." But when she turned her azure eyes on one, she appeared to be murmuring: "Love me!"

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All this was common knowledge, but at first I was too much engrossed in my labour to observe these things. It was the time of the famous Parravicini competition, the prize for the improvement in abdominal surgery, which was to enable me to travel like a pilgrim and visit the most famous clinics and admire the best known operators for their surgical achievements. My dream! The mirage upon which was focussed all the aspirations of my heart and mind. I had neither time nor inclination for other illusions or seductive attractions.

I secured the prize, and my departure abroad brought to a sudden close the visits I was paying to my delightful and adorable patient.

A month passed.

I was staying at Lausanne in a very modest *pension*, quite close to the Cantonal Hospital, where I regularly attended Roux's clinic. I usually remained there all the morning to witness the operations; at one o'clock I would return to the *pension* for lunch, and even during the meal my thoughts were confined to technical methods and the many remarkable operations.

One day, when the session had been particularly prolonged and interesting, I arrived a little late. Madame Lepage, the manageress of the establishment, was waiting somewhat impatiently to hand me a mysterious packet, which had just been delivered by express messenger.

I tore it open and noted with astonishment that the packet contained a splendid basket of fresh Nice violets, and on the flowers was a long letter, sixteen pages written in the purest French. A romance, a *poem*?

My beautiful and mysterious patient, Madame Sonia

Janovsky, first excused herself for writing me in French because, she explained, it was the language that most gently conveyed the three words, "I love you." And she repeated them through the whole sixteen pages in scrutinizing the causes of her affection. She loved me—should it be stated to my honour or my detriment?—for my austerity, for my boundless love of work, for the devotion I displayed for every humanitarian cause. She admired my will-power and my sacrificing spirit, as well as my faith in a grand ideal. She said she had found in me a man different from any she had hitherto met with. Consequently, she desired to live for me. If I called her, she would come at once to join me in Lausanne, to live with me *always*, for she was anxious to unite her destiny with mine. She would aid me in the struggle for existence, and help me to attain my desires.

By the time I had finished the letter I felt giddy. I could picture that beautiful creature, with her seductive charm, all poetry, pleasure, and refinement, passionately facing life in the company of an impecunious and prosaic doctor, constrained to battle for his subsistence. What a vision! What lunacy!

I closed my eyes and experienced a premonition of disaster: the shattering of my career; a divergence from researches which demanded unimpaired serenity and solitude; economic ruin; all my plans deranged, my life turned topsy-turvy.

I had to write by return of post to entreat the good fairy not to tempt me, to forget me, to leave me to my laborious investigations, to my stern career, to my obscurity and poverty. Ruminating over this epistle, I felt that I ought warmly to thank my friend for her affectionate effusion and acknowledge my appreciation, while imploring her to

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refrain from picturing impossible prospects or emotional fantasies.

It was well that I had to reply by return of post. A dozen times at least I endeavoured to write, without being able to compose any save absurdly trivial sentences. A dozen times I threw down the pen in despair and proceeded to destroy this dangerous love letter. The communication itself, the romance, and the poem remained unanswered.

The sweet violets also vanished with the perfume which had briefly intoxicated and tempted me. I gave them to old Madame Lepage, who had never seen finer ones in such a severe winter. She was delighted and hastened to offer them to her little Madonna.

Thus the entanglement ended.

I returned to my studies, to my patients, to the long and fatiguing operatory sessions. But for some time I continued dreamy and was frequently absent-minded. While I was present during Roux's intricate operations my mind wandered; and when at the intervals I strolled to the casement of the vast operating theatre and looked through the windows at the superb chain of the Savoy Alps, which encircled the azure blue of Lake Lemman, I would again be gazing into deep, romantic, and visionary eyes.

Whenever I returned to the *pension* for lunch, I could scarcely muster sufficient courage to cross the threshold. I was always afraid of meeting her there, and I was disconcerted by the thought that if she returned it would mean the end of all my pious resolutions. . . . I could never have summoned the courage to say no!

Those deep-blue eyes haunted me for a long time at Lausanne, and I viewed them again in the fathom-deep mirror of the ocean, from the bridge of the vessel which

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carried me shortly afterwards to America. There I was soon absorbed in the activities of the New World, and soon I felt myself quite safe from danger.

When I returned I no longer brooded over the matter.

One day arrived a postcard with a date and a signature. It was she! She said nothing, but I *knew* that she remembered and had forgiven me for my stony silence.

No doubt she thought that surgeons possessed petrified hearts.

That was all.

I held to my course, I found my recompense in family concerns, and then the war came. Nothing remained of my romantic adventure but its memory. I even thought that I should never meet the mysterious lady again.

However, a firm presentiment assures me that she will peruse these paragraphs. Perhaps, having read them, she will bear me no ill-will.

It is true, I should not divulge such intimate happenings; I ought to imprison them in the depths of my consciousness, in the secret recesses of my heart. But I have been unable to resist the temptation to reveal them, because in relating the story it has seemed as if I were reliving the past. Moreover, we have both grown grey, and our lives are so divergent that we shall never cross each other's paths again.

Moreover, the incident is so transparent in character and so perfectly pure that it suggests a student's idyll. None need blush at it, for it retains the perfume of roses and violets . . . like the scent of those winter flowers that I received at Lausanne on that cold February morning, and which, by a curious contingency, were afterwards placed on the Virgin's shrine.

CHAPTER XIV

THE WAR

WHEN IN THAT TRAGIC SUMMER OF THE YEAR 1914, returning home after a busy morning devoted to operations, I heard, in the central square of Milan, the tumult of a thousand voices announcing, with special editions of all the newspapers, the opening of the World War, I shivered, like so many others, all down my spine, and for a second I conjured up an interminable sequence of disasters, atrocities, and miseries overwhelming a war-wounded world.

After our proclamation of neutrality many people hoped that Italy would be able to avoid the conflict, but in the month of May following our country was inevitably drawn into the maelstrom.

I had no military duties to perform, but on arriving at the Red Cross station I was attached to an important surgical department of a Milan reserve hospital, where the first wounded soldiers were dispatched from the front. There I became familiar with the wounds incidental to the nightmare of modern war.

However, the injuries I had to attend to at Red Cross Hospital No. 5 and in the other Milan reserve centres were rather the developments of earlier wounds than those just inflicted. The soldiers had already been treated elsewhere, and did not reach us until several weeks after they had been incapacitated. They had first been treated in the field hospitals, then in the little country hospitals, subsequently in hospitals nearer the front, and finally, after their con-

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dition had somewhat improved, they were sent to Milan, most of them being on the road towards recovery.

The operator's art might have rendered better service if we had been able to work nearer the fighting line, behind the trenches. But how could a real surgical service, on modern lines, be organized at a distance from every centre of population, almost on the site of battles, under artillery fire, and in the confusion of the immediate neighbourhood of fighting?

These grave difficulties engaged the constant attention of all the doctors.

They thought of erecting little hospitals easy to dismantle, but equipped with everything necessary to conduct no matter what surgical operation, with all modern aseptic and antiseptic appliances. This suggestion, which was simultaneously put forward by several centres of surgery, found in Milan a bold and tireless organizer in our late lamented colleague, Professor Baldo Rossi, who, gifted with astonishing energy and a true spirit of sacrifice, immediately obtained permission to visit the field hospitals on the French and English fronts, with a view to profiting by the varied experiences gained by our Allies. Imitating these models, he was able to erect admirable temporary surgical hospitals, which were easily dismantled and transported to the immediate neighbourhood of the firing line.

Numerous problems connected with operations could be solved in these hospitals, especially those relating to the treatment of serious wounds in the skull, the vertebral column, and the thorax, but particularly abdominal injuries. The abdominal maladies, due to war wounds, were much the most difficult and delicate to administer. There was no hesitation in deciding when there was any

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reason for concluding that a weapon had penetrated deeply and ruptured an organ; it was, however, necessary to open the abdomen and ascertain the extent of the injury in order to treat it. There is no obstacle in the way of an operation when a surgeon has a fully equipped hospital at command; when he has a modern operating theatre at his disposal, in addition to skilful and experienced assistants. But it is anything but easy to reach a decision when the soldier arrives shortly after the casualty in miserable conditions and unsuitable surroundings. Hesitancy arises as much from the physical as from the psychological circumstances of the case.

It is impossible to compare a laparotomy carried out in a quiet and convenient surgical clinic with the operation of opening the abdomen under the tent of an ambulance, within hail of gunfire and military bombs.

Even the transport of a man with a stomach wound involves danger, as the shaking of the visceral cavity might aggravate or enlarge an injury at first quite local in extent. This is why a well-known English doctor remarked at the time of the Transvaal War that if he were wounded in the abdomen, he would lie down and remain steadfastly at rest, refusing both removal and surgical treatment.

I would add that if laparotomy is not conducted with the most scrupulous and absolute certainty of complete sterilization and disinfection, it may prove detrimental rather than beneficial. In surgery the maxim *saltem non nocere* is still truer than in medicine.

However, in the complex nature of abdominal injuries, it would be necessary first to ensure under the best available conditions the conveyance of the wounded to the operating theatre; secondly, to provide a theatre

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that is fully efficient and close to the lines; thirdly, for the surgical units to be furnished with an expert and experienced staff.

The medical units were created to deal with the first cases, and the modern motor ambulances are much more comfortable and travel faster than the old military conveyances. The second condition was fulfilled by the temporary hospitals that were erected where required and equipped with all necessary appliances. The third condition required the cordial co-operation of competent professional surgeons.

The goodwill of surgeons was certainly not lacking. Each and all responded to the appeal, as I did myself on the opening day.

I was requested to depart as soon as the organization of the first front line temporary hospital of surgery, called *Città di Milano*, was complete. I left Lombardy in the company of my friend and colleague, Dr. Zanuso, with whom I exchanged notes and suggestions. After a short halt at Vicenza we continued our journey the following morning to Marostica, towards the Asiago Altopiano, where the ambulance was standing.

We found Vicenza crowded with soldiers, and displaying every sign of dislocation due to the immediate vicinity of the fighting line, but as we left the plain behind us and approached the mountains, the evidences of war became still more pronounced; long trains of guns and ammunition followed each other in close succession, not to speak of the constant coming and going of motor-cars and columns of soldiers on the march.

After Marostica the civil population became sparse;

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there were neither women nor children; the only men in civilian dress were navvies repairing the roads. Then came soldiers and more soldiers of every class and condition.

On the crater of the Altopiano appeared the first trenches and barbed wire; then the road descended in big loops, partly concealed by the branches of trees and palisades, arranged to screen it from the observation of enemy artillerymen. Here and there, amid the woods, were camps and all descriptions of conveyances: motor lorries and mules. On each side of the road were deep depressions, like the craters of volcanoes, which had been made by the enemy's shells.

There we were in the zone of fire, where death-dealing shells were falling, and one may surmise with what care the soldiers sought to protect their equipment. We were quite near the firing line, as was indicated here and there by the first crosses erected on the ground: the cemeteries of the earliest victims of the war!

I trembled slightly, and my comrade Zanuso became silent. What was there to say? *Voilà la guerre!*

At noon we reached a ravine, a kind of hollow protected on all sides by the adjacent heights. At the bottom were numerous tents, among which were two insignificant and dilapidated erections, surrounded by a few huts. These were the hospital we were searching for!

We jumped out of the car tired and anxious. There was no one to bid us welcome. Where, then, were our colleagues and acquaintances? A soldier pointed to a hut. During the night there had been an action on Mount Zebio and many wounded had been brought in. There were several abdominal cases, which were now undergoing treatment.

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We hastened towards the place indicated, and I recognized the surgical hut as one I had admired in Milan, all spick and span, before it was dispatched to the front.

A marked confusion prevailed everywhere. Motor ambulances were continually arriving; nurses were getting out and carrying stretchers bearing wan and suffering men. Shouts, curses, and wailing pervaded a torrid atmosphere—it was August 2nd—under a scorching sun, while a cloud of dust and swarms of flies, which flew over from a neighbouring encampment of mules, added to the discomfort.

I entered the surgical hut; it was as hot as an oven. I swiftly donned an overall and from the threshold I saw my friends grouped round a bed, assisting the Major to perform a laparotomy. They had been there since dawn and showed signs of fatigue. At the moment they were ministering to a wound made in the abdomen by a bullet. A poor *bersagliere*, hit by a bullet the previous day, had fallen in front of the barbed-wire entanglements, and he could not be rescued before the middle of the night; at dawn he had been sent to the dressing-station, then placed in our hospital—in what a condition it is, alas! not difficult to imagine.

I arrived just in time to see the incision of the abdomen, a kind of *hara-kiri* from the epigastrium to the pubic region. Scarcely had the knife made an incision when the stomach exuded a kind of blackish serosanguineous liquid with traces of fecal matter. The bullet had penetrated the intestine in a dozen places, crushing or destroying it completely here and there, and then buried itself in the posterior abdominal walls.

All the perforations were located, carefully repaired, and stitched up; a segment of the small intestine was even

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destroyed; then the abdominal cavity was washed with ether and drained *à la Mikulicz*. The operation was conducted slowly but methodically, and its technique was perfect. It is easy to picture the dangers of infection, even of tetanus, to which those delicate instruments which came into contact with the abdominal organs were exposed, however much they might have been heated and sterilized.

The patient was bandaged and carried away. Alive? Perhaps! This laparotomy was followed by another, then by a third, and when I left this inferno I was horrified, crushed, exhausted.

Was this a sample of war surgery? That art and science divine, which requires the utmost composure, the most perfect calm? A dreadful nightmare came to me that night while I was resting with my friend Zanuso on a little camp bed in a tumbledown hovel.

I could not sleep, as I was not yet accustomed to the distant roar of the cannon nor to the crackling of rifles. I was terribly tired, but as soon as I tried to slumber I would see that blackish liquid, blended with blood and fecal matter, which poured out from the wounded man's stomach . . . and that lacerated intestine, that ruptured liver, and even the flesh flies which buzzed all around, ever greedy for blood.

Then there paraded before my eyes the cadaverous countenances of all these soldiers who had been smitten in the abdomen. I delineated them in proximity to the barbed wire, calling for help and awaiting the ambulances to carry them away, under cover of darkness, to the dressing-station. And then the features of one of them suddenly became familiar. The more I scrutinized it, the more clearly I seemed to recognize it. My brother?

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My brother happened to be in a neighbouring trench, and several of my cousins were also among the front-line fighters. "Help me!" they cried in my dream. I awoke with a start, and the nightmare vanished.

The next morning I was called betimes by an ambulance man. Other abdominal cases had arrived; we must set to work immediately. I jumped out of bed and hastened with eagerness towards the ambulance, to place my art and experience at the service of these unfortunate fighters.

I operated, I dressed wounds, I bandaged until I was thoroughly exhausted, lavishing my care with equal goodwill upon all, for on the faces of the wounded I could picture the features of my brother, of a relative, of a friend, and while I was shuddering with horror at the ravages of military appliances, I conjured up the supplicating glances of mothers, wives, and children who in their distant homes were praying for the safety of the absent ones.

Oh! if only they had been there to see!

A month later, when the temporary surgical hospital was dismantled, I was still staying in the *Campi di Mezza Via*, for this was the name of the place, to look after the convalescent abdominal cases, with the assistance of a meagre staff.

What work we had performed in a few weeks! What prodigies of industry were consummated by these gallant surgeons, who had executed their duties unweariedly. All that their science and their firm confidence in the surgical art had endowed them withal, combined with the spirit of sacrifice, they had unreservedly given. But the outcome was not always what was unquestionably deserved.

Many abdominal cases arrived at the hospital too late and

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in circumstances which precluded surgical treatment; others had been operated upon, but the visceral injuries were so severe that the remedy proved worse than the disease. To be sure, my first impressions of war were ghastly. I was accustomed to urgent surgery in times "of peace," to slight wounds in the abdomen caused by a knife, a sword thrust or tiny revolver discharges, mere trifles in comparison with war wounds. Here were no gashes or perforations, but lesions produced by the bullets of modern rifles, or worse still, by splinters of shells or shrapnel. Here—there were not mere wounds, but devastations. It is not astonishing that so many soldiers succumbed to injuries in the abdomen. But this was assuredly no reason why a surgeon should shrink from the magnitude of his task and own himself beaten. Among the numerous wounded who had undergone treatment, not a few had been returned to fairly good conditions behind the line, and those that remained in my care and could not be removed were for the greater part on the road towards recovery. I cannot state the percentage of recoveries among the men operated upon, but even were the proportion as small as our fatigues were great, we were richly rewarded for our strenuous efforts by rescuing a few of our countrymen from death.

As winter approached hostilities were, so to speak, suspended; the *dead season* commenced. The surgical labours of the first line became rare and, like the other professional operators, I returned to my territorial station to tend the soldiers who had survived their wounds. The work was not tiring, nor was it delicate or dangerous.

But in the summer of 1917, when the attacks were resumed, I was again sent to the front. The temporary hospital

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Città di Milano was installed on the Isonzo, on the slopes of the Sabotino, near a little group of houses half destroyed by the bombardment and known by the name of Quisca. Some of my colleagues had been ordered farther along the line; they were officiating under a tunnel, quite near the trenches, on the right bank of the Isonzo.

I therefore remained at Quisca, where I was put in charge of a hut for cranial and spinal injuries. We had to attend patients who had been wounded in the head or spine and who had previously been operated upon. We retained the wounded until they were in a condition to be dispatched to a base hospital. They were survivors of craniotomy and laminectomy, that is to say, operations in themselves very severe, followed by very serious lesions of the encephalon or the spinal cord. And here I would repeat what I have already said about abdominal cases: how different are the wounds of war-time from times of peace. The lesions treated in my hut had all been caused by instruments of warfare: shrapnel and bullet wounds. The men who were slightly injured, that is to say, whose wounds had not reached the nervous centres, were classed as transportable after a simple operatory treatment; consequently only the most urgent cases were left on our hands.

My hut was crowded with these victims, splendid soldiers, young men full of life, whose skulls had been perforated and fractured by bullets, whose meninges had been injured, whose brains had been crushed. Sometimes it was possible to extract the bullet; at other times it remained in the cavity; but in all cases paralysis or paresis supervened; most often inflammatory complications of the encephalon or the meninges. In the spinal cases the bullet was nearly always extracted and even vertebral splinters were removed,

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but when the continuity of the cord or the nerve centres was severed (which happened more often than not), paraplegia supervened, that is to say a paralysis of the lower limbs, and nearly always derangement of the bladder and the rectum.

These poor victims were condemned to dreadful pains in the urinary ducts, and very soon developed those large sores *de decubitus* in the sacrum and in the joints which were their despair and ours. I recall like a horrible dream the impression that would come over me in the afternoon, when I returned to that horrible hut, with its atmosphere charged with a thousand nauseating odours, although everything feasible was done to freshen and disinfect it. One breathed the disgusting stench of fecal matter, of stale urine, of gangrenous sores; and one's arrival was the signal for a dull murmur of lamentation, a deafening medley of prayers, entreaties, delirious cries, or curses.

I can still see a mountain gunner, who had been wounded squarely in the vertebral column, an athlete with big shoulders and the muscles of a pugilist; such a colossus of a man that the hospital bed was too small for him. His once powerful lower limbs were nearly dead, flabby and irresponsive, as if they had never belonged to him; the bladder was sluggish, and the several syringations had produced an inflammatory condition of the urinary ducts; at the sacrum a large, purulent sore gnawed the flesh to the bone.

The giant greeted me with an expression that would have melted a stone: two pained eyes, which suggested all the suffering, all the despair, all the impotence which afflicts mankind. And a hundred times a day I had to pass through arrays of these unfortunate fellows, to comfort them, per-

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suade them that their sufferings would come to an end, and that they would return home safe and sound.

What shall I say about the sequelae of skull injuries?

A Tuscan peasant, wounded by a shrapnel bullet in the left frontoparietal region, understood and recollected everything, but could only articulate one word, which was the name of his native place: Marradi. And he pronounced this name in innumerable tones, with multitudinous inflexions of the voice, making superhuman efforts to make himself intelligible, until, overcome by his inability, he would fall into a fit of pitiful sobbing.

Among many others, I had to treat men who had been wounded in the occipital lobes. All their senses were unimpaired save that of sight. They were completely blind, while their eyes continued clear and healthy. And all these misfortunes were aggravated by the tremendous heat and the incessant cannonade of sanguinary battles.

Attacks on Monte Santo, on San Gabriele, and on San Daniele succeeded each other almost continuously, and we stood between two fires. Powerful batteries were installed a short distance away, behind us; these during the night made an infernal uproar. To rest was out of the question; to enjoy a sound night's sleep became impossible.

This season my operatory work was severely trying because it was so continuous. Work was divided into twelve-hour shifts, but usually, after a night devoted to operations, we then had to dress wounds. When could we sleep? Only when there was a lull in the conflict, but we never felt refreshed, and this physical strain had a bad effect on our health. Some of my colleagues became ill and had to become hospital patients themselves; others lost flesh and colour. But during this trying period our greatest misfortune

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was the discovery that the *morale* of our soldiers was no longer what it had been at the beginning of the war.

From the confidences of the wounded it was not difficult to determine that the discouragement was general. The war was lasting too long. And on this dangerous terrain subversive and defeatist propaganda rapidly spread.

Our military chaplain had gathered from the wounded the information that leaflets inciting the soldiers to mutiny had been secretly distributed at the front and even in the trenches. He had reported the matter to his superiors, who refused to believe him. Meanwhile, the air was charged with something menacing, sinister . . . a great catastrophe, a dire disaster which still oppresses the heart of every Italian like a dreadful dream; the national humiliation called Caporetto. . . .

The coming of the spring in 1918 found us all reunited on the banks of the Piave.

In the tragedy of Caporetto our three fine hospital units had been severely damaged. One had been completely lost; of the other two, the first, after suffering great damage, had managed to reorganize and locate itself in the region of Bassano, where it was operating under the direction of my friend, Baldo Rossi. The second, after wandering all over the Venetian plain, had been able to resume work quite near the Piave, between Treviso and the river.

There were no more huts; the tents had been rolled up and discarded. The hospital was installed in a sumptuous and spacious villa of ancient origin, which was said to have been built by the Doge Tiepolo, and which had become the property of Count Passi, who had lent it to the Red Cross.

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Our quarters were splendid; vast apartments, very clean and paved with Venetian mosaics, welcomed the wounded; the cots of the invalids were placed in the large halls; while very fine rooms were reserved for the army doctors. It seemed incredible that I should have a spacious chamber for my exclusive use; an apartment with proper furniture; a commodious and comfortable bed instead of the customary camp makeshift.

My window gave a view of the garden; a real park, a little neglected during the war, but green and blooming; a luxuriant vegetation, which sweetened the night with a thousand perfumes during the summer months.

The company was also agreeable. The superintendent of the hospital was Colonel Sironi, a competent chief who was highly respected; a warm-hearted and generous man, of an old family, who was always prepared to undertake the gravest responsibilities for the benefit of those under his command. Excellent and lamented friend! Let me, after so many years, greet you again, who proved a father to us in difficult and desperate days!

The Colonel had admirable subordinates to serve under him; skilled surgeons and excellent company, who were all men of standing in the world of medicine and who occupied important posts.

When, after the day's work, we assembled in the dining-room on the ground floor around a frugal table, the meal became a family gathering. We compared notes, we related the news received from our families; but our discussions always turned upon that agitating theme: the outcome of the war.

During fine, clear nights enemy aeroplanes frequently

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came over, to remind us that the war was still in progress, terrorizing the poor wounded and alarming those who were attending them. The aeroplanes always came from the direction of the Piave in the early hours of the night; they announced their presence by the familiar buzzing which awakened the soundest sleepers. And soon they would be caught in a cross-fire of searchlights and anti-craft bombardment, quickly answered by the whizzing and explosion of shells and, from time to time, the tearing sound of incendiary bombs.

These raids eventually wrought havoc. Certain districts of Treviso were literally razed; bombs exploded even on the countryside, especially where the enemy detected the camps of convalescents. Several fell quite close to us, in our garden, and many also fell on the adjoining properties.

My blood ran cold at the thought of what would happen to our hospital if a big bomb dropped plumb on that old-time villa, with its dilapidated walls and loose roofing; and I was only too well aware of the terror occasioned by these nocturnal raids of our invisible enemy, against whom one was unable to defend oneself. Some of us, however, were so phlegmatic as to remain quite unconcerned by this nightly attack. I remember one of my subordinates, a dispenser, who slept placidly in his bed during the most devastating raids.

I asked him one day how he could remain so calm. "My dear Major," he replied, "it is utterly useless to be anything else. If it be my fate to die, what's the use of defending myself; but if my hour has not yet come, no bomb can reach me in my little room!"

And this cool customer, who hailed from the South, had

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adorned his room with amulets, horns, nails, and other cabalistic objects.

One day, however, we had perforce to jump from our beds and rush to the operating theatre to repair the damage caused by aeroplanes. On another occasion a bomb exploded in the middle of the night upon an encampment of soldiers. It was disastrous! The dead were many, and more numerous still the disabled.

In the operating theatre, by artificial light, we had to summon all our skill to lessen and repair the terrible injuries occasioned by such devilry! And while we were busily engaged, the bombs continued to descend, the shrapnel and shells to explode!

In moments of respite I would think of my child, and proffer a silent prayer for my family. And when morning, so anxiously awaited, appeared, everyone came in quietly. From sleepless nights nothing survived but a worn and disconcerting sensation. Every man returned to his usual work, and when we all met again at table we would look at each other and think: "We've had a lucky escape this time!"

Thus passed the spring and part of the summer; we spent our days with the same routine, and life threatened to become utterly monotonous. However, the Austrian attack in June completely shattered the monotony. This was a surprise to us. After a very quiet evening we were resting placidly in our rooms when towards two o'clock in the morning a fearful din awoke everyone with a start. The house trembled, the window-panes rattled, everything seemed disturbed. We immediately made for the terrace which overlooked the Piave. The spectacle resembled a grand and gorgeous display of fireworks; whizzings,

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buzzings, detonations, vivid lightning, and trails of flame; the whole plain was lit up and blazing simultaneously in a thousand places.

This inferno continued for two hours; shells exploded on all sides; from the Piave to Treviso was one vast volcanic eruption. Then the tumult suddenly ceased, and in the distance, near the bank of the river, the crackling of rifles began to be heard.

It was not long before the wounded flowed in. We made whatever arrangements were possible to provide accommodation for the disabled and to conduct every operation we could. Solaro, Mazullo, and I all worked in separate rooms, while Colonel Sironi directed and organized our activities. For three days and three nights we exerted ourselves to the utmost, unceasingly, and in desperation; injuries of the most varied character came under our care: abdominal, cranial, spinal, and peripheral injuries; wounds only too familiar, to which were added casualties caused by poison gas.

The disabled men gave us the most vivid details of what had happened. The attack had been extremely violent all along the line; after a terrible artillery bombardment, and screened by poison gas, the Austrians had succeeded in crossing the Piave in several places. They had already reached our great defensive line and were still advancing. Between one operation and another we cocked our ears; the crackling of rifles and machine-guns seemed to be approaching nearer and nearer to us.

On the third day matters became worse; the enemy advanced both towards the north and towards the south and to such a degree that it seemed as if we should soon be imprisoned between his pincers and cut to pieces. It

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was rumoured that the neighbouring medical unit had received instructions to retire to the rear. We were not as yet informed of anything, but it was easy to surmise that, in the event of retreat, we should be sacrificed.

Fortunately, the position soon improved. On the fourth day a torrential rain flooded the whole district, and for more than twenty-four hours the cataracts of the skies precipitated more rain than the oldest inhabitant could remember. The Piave rose rapidly, swept away the bridges, and cut the communications between the Austrian bases and the army which had crossed the river. Then it overflowed its banks and flooded the countryside; our valiant reinforcements, commanded by the Duke of Aosta, checked and then drove the enemy towards the river, until the Austrian retreat became a rout.

And this was the dawn of victory!

When we no longer heard the discharges of machine-guns, either near or distant, neither in the north nor in the south, we realized that the peril was past, and we wept for joy. We were like lunatics: we embraced and kissed each other. We were terribly tired and our work proved utterly exhausting, as the number of wounded soldiers to be tended and bandaged had greatly increased. But this disconcerted us not at all. The enemy had retreated, and we were content.

Fifteen days later we had resumed our more tranquil existence. Serenity and peace had returned to the old and sumptuous Venetian villa. Despite the earlier catastrophe, the countryside was in full bloom; the garden and the orchard wafted their perfumes as far as the house; the birds themselves had recommenced singing and the peasants

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who had fled during the turmoil returned in safety and strove to obliterate the evidences of the conflict.

In this period of calm, to break the monotony of my laborious life, I would pay a visit, whenever circumstances permitted, to my brother, who, after hard service in the trenches, and the dislocation of our army on the Piave, was then commanding a complementary battalion of the Potenza brigade in the woods and among the moors of Monastir. These excursions were my only recreation; and whenever I could finish my work in time I would mount my bicycle and spin across the fields.

The journey was neither safe nor easy. Monastir was five or six miles away, and as some places were still under enemy fire, there was always the danger of being wounded by some stray piece of shrapnel. However, the way was lined with bushy trees and so well hidden under their foliage that no one would suppose that any danger existed.

The camp occupied by my brother's battalion was anything but quiet; from time to time a shell would tear up lumps of earth as a reminder that the lives of the combatants merely hung by a thread. They were camping in the open country between the woods and the marshes of the right bank of the Piave. During those June days the infantry of the Duke of Aosta had performed prodigies of valour there, and the whole district, where malaria was unfortunately raging, retained many traces of the furious engagements. The camp was dotted over this wooded area. The only building was a little villa, nearly ruined by the bombardment, where the officers would gather for their meals—when they could! When friends called, they were welcomed in that tumbledown place with great cordiality and

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pressed to stay for dinner, much as I was on every occasion that I chanced to find them assembled there.

I then had the rank of major. My brother, who commanded the post, was a mere captain. Thus I was received at table with all the honours due to me, or rather to my superior standing in the regimental hierarchy; but my presence in no wise damped the high spirits of these brave and daring young warriors, accustomed to face death. What discussions we had, what wild surmises we made, what comments we indulged in! Thanks to this gaiety, the hovel was converted into an excited hotel lounge. We smoked and imbibed the excellent Chianti which the mess sergeant reserved for special occasions.

These assemblies were organized by the mess sergeant, who was the most taciturn, serene, and modest person imaginable. He was training to become an officer and was officiating as battalion assistant.

In that merry gathering he did not aspire to distinguish himself; he was at pains to isolate himself and never pushed himself forward; he deliberately remained in the background at the bottom of the table. He never raised his voice during our debates; he appeared to be completely absorbed in his duties. Perhaps he did not feel entirely at ease among the gay company, for he was no longer youthful and his expression was slightly sad, but he saw with clear and candid eyes.

My brother spoke of him with marked respect and was very fond of him. He had confided to my brother that he was the father of a family (all the others being bachelors), and would often talk about his children, his home, and the position he had relinquished for the war.

This curiously attractive man had been constrained to

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desert his home and district, where he had made a reputation as the municipal officer of a prosperous village on the Tagliamento, a small settlement then in the hands of the enemy, farther behind the Piave. The war would soon be over and he would return there; he would resume his congenial activities in the province that he loved so dearly. There he had dwelt in happy and peaceful times; peaceful especially and intensely happy.

But the fates determined otherwise. The war terminated, but the ex-municipal officer had to pursue another path, and assume a position more worthy of his exceptional abilities. For this battalion assistant, this officer in embryo, this diffident mess sergeant, was Arnaldo Mussolini!

And another summer passed and merged into autumn. We had grown accustomed to camp life, and among the officers links of friendship and affection had been forged. Our chief was like a father to us; the days fled by and winter approached.

Still, we sometimes speculated about the day when this life would come to an end. Would there be another winter of war? However, we all had a presentiment that we should not spend the whole of the dark season in this manner. It was fairly obvious that events were culminating to a crisis. A thousand signs suggested that after the June defeat, Austria was crumbling. Our enemy was disillusioned, discord was apparent everywhere, and their country was suffering from scarcity.

When our offensive of Vittorio Veneto was launched, we were ready to advance. The first batches of Austrian prisoners had convinced us that the enemy collapse was quite certain, for among the captured were exhausted,

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famished, and demoralized men. They begged for bread immediately they surrendered.

Our unit awaited the order to march, which came one fine October morning that was full of sunshine and joy. We bade farewell to the old villa Passi, which had sheltered us so long and where we had experienced unspeakable happenings. We crossed the Piave at Papadopoli and found some difficulty in stopping at San Polo, where every building was in ruins. We did not know where to turn for provisions. The few inhabitants welcomed us with enthusiasm, but they had been so thoroughly denuded of food-stuffs that we were compelled to succour them ourselves.

On the succeeding day we pushed on as far as Oderzo, where the desolation and woe were appalling. The once flourishing village had been reduced to a mass of rubbish. I remember that we officers preferred to slumber on the ground rather than enter dwellings defiled by the Austrians.

To console us for so much stench, news of the ultimate triumph joyously arrived. It was an hour of enthusiasm the like of which we who are now descending the path of life can never hope to witness again.

The same day I by chance discovered that my brother's battalion had camped in a district close to ours. I mounted my bicycle and set off to find the place indicated. But when I arrived I found all the soldiers in a state of wild excitement; everyone was surging round a wireless hut for the latest news.

I asked for my brother, who was impatiently waiting. There were rumours of astonishing occurrences; it was said that our troops had made a fantastic advance, reaching the Trentino on the one side and Trieste on the other; that

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the last lines of the enemy defences had collapsed, and that all was now over.

It seemed a romantic dream, a fantasy which we hesitated for a time to credit; we deemed the story incredible. But the *communiqué* soon reached us, and the telegraphist, delirious with delight, made his statement with tears in his eyes. We seized the paper, the message commenced thus: "Austria-Hungary vanquished. . . ." There was a yell of delight. Officers and men embraced each other and cried, rushed away to reach home quickly, since the war was over . . . yes, absolutely over, with a triumph as complete as one could possibly desire.

I left my brother and went on my bicycle to my hospital at Oderzo, where I hoped to be the first to bring the glad tidings to my colleagues.

I mopped up the miles and reached the hospital with such an exalted expression on my face that everyone rushed out to meet me to inquire if, perchance, I had not become insane. I was incapable of utterance, so exhausted was I by the ride and so overcome with emotion. I took the *communiqué* out of my pocket and handed it to good old Sironi: "Take it, Colonel, read!"

There followed another outburst of enthusiasm; the news spread in the twinkling of an eye. Everybody was wild with joy, including the poor wounded who were confined in the hospital. We all embraced each other in tears. The war was over, well over.

In the evening the gratification became delirium; the soldiers could no longer be restrained. They commandeered the reserve stores, which were heartily consumed to celebrate the victory as well as to drink to the health of Italy, a country that had won at last, and for which a glorious

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future was in store. Caporetto was avenged. It was a magnificent triumph.

The night was passed with merry songs; no one desired to go to bed; no one could sleep; the laughter became more uproarious and more crackers exploded; the rockets which were to be used as signals were let off as fireworks. A memorable date: the night of November 4th.

On the morning of the 5th we left for San Vito, on the Tagliamento, where we had to linger for a few days, as the sanitary conditions of the district were incredibly awful. Dire contagious diseases were raging in the hospitals: diphtheria, typhus, smallpox, Spanish influenza. The wounded, who were crowded in the Austrian buildings, were living under deplorable conditions. Previously for some time abandoned, they were in a condition of revolting filthiness. Bandages and medical supplies were completely lacking. There was no wool or gauze whatever.

When we had improved the sanitary conditions of the locality we resumed our journey towards Udine, then towards Corizia, where we were to make a longer stay. We remained there until Christmas. It was hardly a cheerful Christmas, so far from our families and our children, but it was a Christmas which brought us the greatest blessing which Jesus could bestow on the sons of men: peace crowned by victory.

The nightmare was over!

Yet I could not forget the war. I had vivid dreams, in which I saw once more the wounded, the mutilated, and the crippled. I saw again those abdominal injuries, those perforated intestines, those broken skulls exuding the brains. . . . I saw again those terrible spinal cases, with

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flabby and paralysed limbs, with enormous gangrenous and fetid bedsores . . . those appealing eyes, imploring help and aid no science, no surgical skill, no mortal power could render them. . . .

Then I would awake with a start and instinctively lift up my eyes to the heavens and utter a prayer:

“Almighty God, save us from war: that is the surgeon’s prayer.”

CHAPTER XV

THE OUTRAGE

BUT THE ENTHUSIASM AROUSED BY VICTORY AND THE beatitude of peace did not continue. Disillusionment soon supervened.

The land for whose sake we had made so many sacrifices at the front, for whose benefit we had fought and bled, for whose safety we had at length defeated the foe, seemed willing to condone shameful and disgusting conduct. The injured, mutilated, and courageous men, when they returned, shattered and ruined, to their homely hearths, learnt that their sheltered countrymen had enriched themselves and were fat and smug. When the soldiers related the horrors of the battlefield and the sufferings they endured, they met with nothing but indifference and contempt. They had blasted their careers, relinquished their children, shed their blood, ruined their health in order to do their duty to their country without anyone appearing to appreciate their sterling merits.

Even worse, an amnesty for deserters was announced.

I shall never forget the humiliation of those miserable days when the heroes who fought and were crippled in the war were reviled. One day, while arranging my bookshelves, I was called by my wife to the window overlooking the Corso Roma. In front of the Carcano Theatre was gathered a large crowd, engaged in mocking an officer of the *bersaglieri*, who had had the bad taste to walk abroad in full military attire, his tunic decorated with all the distinctions he had earned. The unfortunate man, I remember,

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had the greatest difficulty in escaping from his persecutors into the theatre through a service door.

Incredible things occurred at that time. At a civic celebration of a purely patriotic character I had displayed on my balcony the tricoloured flag, as my custom was before the war. I was compelled to remove it, because a *guardia di città* ordered me to do so: "That emblem might be regarded as a *provocation*!" What shall I say about the disorganization of the public services? When I left in the morning for the hospital I had first to ascertain whether the trams were running, and if the general services were working; if so, I would thank God, so rare was this the case.

Days of idleness were more frequent than days of labour, and the strike soon extended to all the public services.

If we were obliged to make a train journey, it was altogether uncertain whether we reached our destination or not. It was sufficient for a priest or a soldier to be a passenger for the driver to refuse to start his engine. One need say nothing of the insolence of workmen and under-officials and the dark menaces muttered every time one issued instructions.

This was the period of the annexation of the factories; of the red guards; of the horrible tortures of Scimula and Sonzini; of the assassination of General Ugolini; of the murder of the lawyer Giordani during a full session of the Bologna Town Council.

It was not to have an Italy like this that my abdominal, cranial, and spinal patients had suffered; it was not for such a consummation as this that six hundred thousand men had laid down their lives for their country.

I endured this purgatory, wondering whether these terrors would terminate. I had insanely desired to reach

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home, but how much happier I was at the front. Better to dwell in the fighting line than in the midst of this unleashed rabble.

What impressed me most of all was the riot in the Diana Theatre, where I was summoned to attend the wounded. The telephone bell rang at two o'clock in the morning and I awoke with a start. At the other end of the line I heard the voice of my colleague, Dr. Meda, begging me to help some of his patients who had been injured in the disturbance and taken to hospital. He wished me to repair at once to the ward where these wounded people were lying, to give them first-aid and decide whether they should be sent home or removed to a nursing-home.

What was it all about? Useless to inquire. I dressed hastily, and sped through the streets to the hospital.

He was anxiously awaiting me at the door of the hospital.

Outside was all uproar and confusion. Motor ambulances, stretchers, and nurses were passing to and fro, and there was an enormous congregation of spectators, with frightened, haggard, and distorted faces; with wide-open and startled eyes: the public of irremediable disasters.

With difficulty, in the uncertain light, I forced a passage through the crowd and the stretchers which obstructed the entrance, the hall, and the corridor.

"Good God, what has happened?" I demanded of my friend Meda; but he knew next to nothing himself. He was aware that a bomb had exploded in the theatre, in the middle of the pit crowded with spectators, and that it was a veritable holocaust. . . .

But this was not a time for conversation; we must find the patients. As we hurried through the halls, the corridors, and the wards congested with the wounded, whence came

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cries and groans, we noticed the expressions of people's faces. We ascended the staircase to the wards on the second floor, and eventually Meda recognized the engineer Ventura in a cot. "Yes, it's he all right!" He spoke to the recumbent figure without obtaining any answer, for the unfortunate man was amazed to find himself in this sorry plight.

We ascertained that he was torn, soiled, and bleeding, but he had received no serious wound, merely a gash in the right foot, that had been already attended to. Recognizing his doctor, the man whispered: "Don't bother about me, doctor, try and find my wife and Madame Eléonora. . . . I don't know what has happened to them!"

We descended the stairs and recommenced our search. Guided by Sister Agostina, we were successful in finding Madame Eléonora, a very handsome American lady, who did not know a word of Italian. Addressing her in English, I discovered that her right foot was bandaged and bleeding.

"Where is Madame Ventura?"

Sister Agostina pointed to a neighbouring cot.

"I think she is there; they were brought in together."

I looked and saw a woman who was half-naked and unconscious. Her head was completely swathed in bandages, which concealed her face and hindered recognition. Meda tore aside the covering and looked. It was she! But what a sad plight she was in! Her pulse was scarcely perceptible, her respiration was little more than a rattle, a trickle of blood passed from her nose and from her unbandaged ear.

She had received a severe head injury and her skull was fractured. I turned to Meda and shook my head. Madame Ventura must not be moved, but the two others were less seriously injured. The engineer had to be sent home instantly and Madame Eléonora removed to a nursing-home

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as quickly as possible. These arrangements were carried out. But what horrors!

Until then the engineer had been a fortunate man, one of those whom the Germans call "ein gelungener Mensch!" His life had been a series of brilliant successes, and he was then only forty years old. He was as affable as intellectual. He was making a splendid reputation for himself in the electrical industry, and had already built up a considerable fortune. In addition, he had won the heart of an attractive girl, who had brought him domestic felicity and two fine children.

During the winter he had transacted important business with a group of American financiers, who had undertaken to provide ample capital for his company, to enlarge its scope of operations, and enable him to branch out in various directions.

And at this juncture the General Electric Company of New York dispatched a leading representative to Milan. This agent was a Mr. Page, who came from Shanghai, where he was engaged in the manufacture of electric lamps. Arriving at Milan with his wife, this experienced business man facilitated negotiations, and to hasten matters he had decided that evening to catch a fast train to Turin, whence he intended to return on the following morning.

Thus the American's charming wife would have been left all alone in Milan if the engineer Ventura, in compliance with Mr. Page's expressed wish, had not invited her to spend the evening at his home.

Mr. and Mrs. Ventura had entertained her at dinner and had resolved to spend the evening with her at the Diana Theatre, to witness a fashionable operetta. Consequently,

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Mr. Page had left with an easy mind, believing his wife to be in safe custody.

The dinner had been a merry affair, the company excellent; at dessert toasts had been proposed for everyone's happiness and to the prosperity of America (which at that time had no need of such a toast), and of Italy, to which country Mrs. Page was particularly partial.

The two women had left for the theatre elegantly attired, and were enjoying themselves immensely listening to the jovial strains of the operetta, when without warning there came a fearful crash, a terrible explosion . . . with appalling shrieks in the dust and darkness. . . .

The two women had become unconscious. They had been rescued from the ruins, from a mass of *débris*, and taken to hospital.

In these sorrowful circumstances my task was an onerous one. Poor Mrs. Ventura, the young and beautiful wife of the happy engineer, was in a desperate state; it was quite impossible to move her; she remained in her hospital cot in a ward crowded with maimed and suffering people.

The engineer, who was the least injured, for he had received only a contused and lacerated wound in the right foot, insisted on being taken away and attended in his own home. We did, in fact, install him in his spacious flat situated in Via Serbelloni. But every conceivable evil seemed to have arisen from that exploded bomb. Indeed, that cursed explosive seemed the potential parent of everything sinister. Despite all our precautions and care concerning disinfection, almost immediately a gangrene of the most malignant and dangerous character developed around this simple, contused, and lacerated wound.

The moment I observed it I called my colleague Baldo

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Rossi into consultation and, as a matter of urgency, I amputated the right leg as far as the hip joint. It was a dreadful mutilation, but absolutely necessary. But this operation did not, however, prove effectual, and the unfortunate engineer died a few days later without having seen his wife again, without even knowing how she had fared.

The charming Mrs. Page was also in a very precarious plight. The injury to her foot and right ankle caused her intense pain, but her general condition was decidedly grave. She was numbed with fear, and during lucid intervals cried aloud for her husband, who returned from Turin the following morning. He had sped from the station to the Grand Hotel, expecting to meet her in smiling serenity after her evening's enjoyment. Instead of this, however, he was met by an employee of the General Electric Company, who, with evasive and indefinite sentences, prepared him for the sad tidings before escorting him to the hospital.

Mr. Page was thunderstruck. He was amazed that such outrages could occur in Italy. He had brought his dear Eléonora with him from Shanghai to Milan because he did not care to leave her unprotected in China, and now it appeared that it was in Italy, in a civilized country, that this calamity had taken place. Doubtless he imprecated Italy from the bottom of his heart, but his small, clear blue eyes gave no visible expression of indignation or disdain.

He greeted me at the hospital, listened to what I had to say, saw his wife there, in the midst of injuries of every character, misery, and pain, intimated that it would be better to remove her into serener surroundings, and said only three words to me: "Do your duty."

I did my duty.

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We conveyed the smitten lady to my nursing-home, exercising all conceivable care and taking every precaution. The injury was severe; a bad wound in the instep, a deep and dangerous wound in the tibiotarsal joint. We utilized all the appliances of our art, but without being able to prevent the dreadful wound from worsening; the patient grew more feverish, and it appeared very much like a case of septicaemia.

A few days afterwards it was impossible to dispute the gravity of the case; it became essential to adopt the same Spartan procedure resorted to in the case of the unfortunate engineer. I called Mr. Page and conveyed to him my misgivings. We must amputate, if there was yet time! The clear blue eyes evinced no sign of reproach or opposition. The lips murmured: "Do your duty."

And this operation was performed a second time in the brief space of twenty-four hours, in the presence of an American surgeon, whom the American Ambassador in Paris had dispatched in all haste to Milan to supervise proceedings. The beautiful leg was amputated and carried away.

Mr. Page saw the severed limb leaving the operating theatre, and gave a disdainful glance; a limb, a part of his Eléonora, would remain in Italy, a land for which he felt now nothing but loathing. However, the small, clear blue eyes soon resumed their habitual tranquil expression.

The illness ran a fitful course; in spite of the mutilation, the infection had invaded the lymphatics and the fever persisted. At length, after four months, the wound healed and the patient recovered. But, alas! only a skeleton represented the once lovely Mrs. Page, and a mutilated skeleton at that!

Mr. Page was impatient to leave Italy, but he was com-

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pelled to wait until the period of convalescence was over. On my advice the patient was sent to the villa Serbelloni, at Bellagio, because it seemed to me like a haven of refuge after the tempest. Possibly it might restore their depressed spirits.

Mr. Page had taken me into his confidence, and during the month of their stay at Bellagio, husband and wife both gave me many tokens of their regard, often sending me a message to visit them at the villa.

On the evening of their departure they invited me to dinner in company with my wife and son.

It was an affecting experience.

Mrs. Page had regained some of her strength; it was her custom during the fine hours of the afternoon to rest on the cane *chaise longue* and admire the blue lake spread out before her.

Did this wonderful spot reconcile her a little to Italy? Surely yes, for this aspect of the lake is so beautiful!

She told me that she had been in California when the orange- and pear-trees had been in blossom; she had seen the Hawaii Islands adorned with flowers like a perpetual spring; she had been to Adam's Peak in Ceylon, that terrestrial paradise, and to Singapore, where the palm-trees rose to incredible heights.

But she had never seen anything so splendid as this. Mr. Page gazed at his Eléonora. He was more composed now that she was cured, for he was devotedly fond of her. They had no children, and all his love was lavished upon her.

They had to leave next day for Varenna. Then they would cross the Bernina and travel via Pontresina to Paris, where they would linger before embarking for America.

Meanwhile, Mr. Page desired to express his gratitude for

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my services; it seemed that he had something else to say, something that he found it difficult to convey.

After dinner he took me for a walk along the avenue of cypress-trees towards the hill. And along this winding path we climbed amid the magnificent trees to the old terrace, all that remains of the legendary castle of the Serbelloni.

When at last we emerged from this shrouded and winding path we reached the terrace, we were both enthralled by the beauty of the scene. It was an earthly paradise!

At our feet stretched the lake, calm and blue, and rising from the lakeside were the glittering rocks of the Grigne, illumined by the setting sun in a glory of colour.

I looked at Mr. Page. He was enraptured. The small, clear blue eyes were still more azure as they gazed in admiration on the scene. Of what was he thinking? Perhaps he was recalling the poem which commences with the couplet:

*Far to the right where Apennine ascends
Bright as the summer, Italy extends*

and which ends:

*Could nature's bounty satisfy the breast,
The sons of Italy were surely blest.*

These last lines must certainly have occurred to him, for a little later he recovered himself and expressed his thoughts.

"You Italians have the most beautiful land. But! . . ."

"But what?"

"But you want a man. . . ."

"A man?"

"Yes, the right man in the right place."

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But the man was in waiting. We all felt that he was there. My cousin, Ernesto Civelli, a patriotic idealist, had told me so ever since the initiation of the Fascist Movement. I listened to him, thoughtfully. He assured me that he had seen him, spoken to him, and was quite positive that he was a born leader of men.

He could convince minds and overcome hearts. He could captivate the masses, like the prophets of old, and the new faith also had its martyrs. Around him flocked maimed ex-service men, the heroes who had experienced danger and despair, who had looked death in the face, and who, on returning home, met shameful injustice and cynicism. Around him ranged patriots who adored Italy, and would not permit her name to be soiled in the mire.

And all these supporters, these disciples, made up a multitude which grew rapidly larger until it became obvious that the new evangel would triumph and the ramparts of Rome would fall like the walls of Jericho at the blast of the victorious trumpets. For it is written that: "Ideas are more powerful than ramparts and faith is stronger than armies."

My cousin, the unswerving patriot, read the signs of the times very accurately indeed.

In October 1922, the decisive year, I happened to be in Florence attending the Congress of Surgery, and watched a procession of young Blackshirts crossing Santa Maria Square. My colleague, Professor Fichera, was with me, and the scene made an ineffaceable impression upon us. We glanced at each other and surmised that we were on the eve of dramatic events.

The march on Rome took place a few days later.

The rest is well known and now belongs to history.

CHAPTER XVI

THE CONGRESS

I WOULD NOT CLAIM THAT THE "CONGRESSI DEI DOTTI" (as they used to be called, when, among other merits they possessed that of prelude to the period of civil resurrection) constitute, as some people assert, one of the pivots of modern intellectual life. But it is certain that in an age of mental activity as dizzy as our own, it is advisable for the medical fraternity to gather periodically to compare notes concerning their researches and professional experiences, to discuss, examine, approve, or condemn, and in every instance to meet at a meal after the conflict, at a well-appointed table, decorated with flowers, and adorned with greatly appreciated vintages.

Every medical body convenes its congress as a matter of course. There is no specific branch which is destitute of its devotees, who are organized in private societies, and whose members are annually invited to ceremonial assemblies.

For general surgery it is the Società Italiana, which encourages its members to meet every year, in October, sometimes in one city, sometimes in another, proposing themes for discussion, which are first carefully considered by the openers, who are judiciously selected from among the most capable members of their profession. The various subjects are then discussed by all who mount the platform. The subjects chosen have a practical bearing on the surgeon's art, and necessitate elaborate preparation, while they evoke rejoinders, some of which are more or less laudatory, while others are more or less deprecatory.

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Thus it is said that co-operation hastens progress and discussion promotes good fellowship.

The importance of these meetings is considerable, but the participants would possibly be fewer in number were not the congress an excellent excuse for securing a little rest.

These gatherings break the monotony of professional toil, induce one to take agreeable strolls, and furnish a few days of relaxation; all of which promote the advancement of science. A rested man is always more efficient than a tired one. And it must be confessed that if the speeches on surgical questions are not always entertaining, the recreations forming part of the agenda (visits to museums and monuments, country excursions, farewell banquet) are certainly not devoid of attraction.

Malicious persons have commented that these banquets, which are sometimes of a Pantagruelist character, are a complete antithesis of science, and especially of the sound and austere precepts of hygiene. There, in fact, could be seen doctors, fresh from preaching sobriety and abstinence to their patients, passing from one course to another—from oysters to game, for instance—all washed down by splendid wines. It matters little that all the company are doctors; even if their patients could witness such indulgence, they might exclaim with the German poet: "*Was fuer tolle Sachen auf dieser Welt geschehen*"! ("What foolish things happen in this world"), or cite the Latin proverb "*Medice, cura te ipsum*" ("Physician, heal thyself")!

Happily, one's patients are not present at these gatherings where doctors and surgeons throw off their professional gravity in order to divert themselves a little. After all, the banquet is simply the culmination of the congress, a trifling episode. Anyone who is doubtful about his digestion

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and has no desire to vary his diet is always at liberty to stay away.

The congress is a very strict assembly, to which all surgeons who are anxious to be up-to-date in their profession periodically flock, as if they were celebrating a sacred rite. There one encounters certain singular characters whom it would be a pity to miss. There are the silent ones, who merely listen. Then there are the born chairmen, the controllers of the assembly, those who carefully watch the proceedings, who quickly grasp the purpose of communications and instantly detect their weak points, those open to criticism, and those who dominate the debate.

It is a real pleasure to listen to these debates. Apart from those just mentioned, and the silent listeners who treasure all they hear, the majority of the audience are renewals, who are present one season and remain absent for the two or three succeeding years. Some members vanish completely and their deaths are regretfully announced at the opening of each congress. The president pays a tribute to the deceased, and the audience rises as a mark of respect.

Every year, unhappily, several of these funeral orations are delivered, during which a tremor steals through the audience. Everyone wonders when his own turn will come. When my hour strikes (which I hope is far off) may the solemn voice of the orator sing my praises in a minor key. Perhaps I shall be credited with virtues and aptitudes of which I am entirely unaware, and which will astound my spirit, still lingering in the hall. But on that day I shall not allow myself the levity of a hearty laugh.

But do not let us become too gloomy. When we attend a congress we do not need to weep, but rather to recall some of those delightful memories which prompt one to

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buttonhole friends with the query: "Do you remember?" This interrogation couched in a merry tone is very like the solemn commemoration of "well-organized and very successful" congresses, one of which was, in everyone's opinion, the gathering held in Tripoli in March 1928.

It was not, strictly speaking, a surgical congress, but an assembly duly convened by the Government and extended to all the professors of the faculty of medicine in Italy, who were required to determine whether Tripoli could be considered "a healthy town and winter station." The medical gathering was to deliberate for five or six days or a little longer if possible, to enable the doctors to test the climate of Tripoli, but as it was scarcely advantageous to sojourn very long in the country, the promoters restricted our stay to one week, while placing at our disposal every facility for inspecting the city, the coast, and surrounding region.

As soon as I received the invitation from the Ministry, with a list of all the facilities afforded the professors who were attending, I telephoned to a colleague with whom I was on familiar terms, a famous radiologist and reliable friend.

"Perussia, shall we go to Tripoli?"

"Why not?"

We forwarded our consent. A few days later we departed. One night in the train carried us to Rome, and by the following afternoon we were in Naples.

At Naples Professor Tandoja, another eminent radiologist, who was awaiting his confrère, took us once more to view the wonders of the Riviera, of Chiaja, and of Posillipo, without omitting Palino and Vomero. But he

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was dissatisfied. He would have preferred to display Naples bathed in bright sunshine, and the day was overcast. A cold breeze blew from the north and ruffled the bay, which is almost invariably so calm and blue.

When the hour of departure drew near and he observed our silence, he thought we were disconcerted. He inquired abruptly:

“Are you going to be seasick?”

“I trust not,” replied Perussia, “but in any event I have an infallible remedy in my case: Mothersill, which I get from England. My children tested it when they were sick in a motor-car; the effect is wonderful. That’s why I have laid in a stock. . . .”

It was time to embark. The steamer *Garibaldi* was awaiting us. Our fellow professors were already assembled on the bridge.

There were representatives from all the faculties, but the majority came from Milan. I would fain spare the reader an account of the greetings, smiles, and pleasant chaff showered on the Milanese, who show their superiority at all times, even *at sea*. I would, however, remark that wherever four genuine Milanese meet outside the old ambrosian walls, they always compliment each other on their origin, and express their affection for their celebrated city, which shines in the united nation like a brilliant light. (Need I say that for myself *el nost Milan* fills the left ventricle of my heart?)

The minister had forwarded an appeal to all the faculties, and the one which responded with most alacrity was precisely the youngest, the newcomer, preserving thus the ancient treasured traditions of the city, which never failed

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to give enthusiastic encouragement to beneficial projects and undertakings.

Many fruitful theories have arisen in Milan, which have subsequently spread abroad through the logic of events, or even the glamour that attends the magnificence and majesty of the industrial capital. There is a hierarchy of values which always proves significant in the life of a nation. It happens to institutions as it does to men, who, through the inevitable sequence of events, are constrained to leave their cherished home, where they would much prefer to display their ability and attain their ideals. Perhaps one may give an instance.

Fascism was conceived in our country; between the piazza San Sepolcro and the piazza Belgioioso, between the piazza Belgioioso and the Via del Pesce and the Via Lovanio; but when the movement came to maturity, then, as a natural consequence, it had to *march on Rome*. We lost thus the daily presence of the man whose genius gave birth to the movement and developed the mighty enterprise: the Duce, whom we Milanese are proud to have welcomed and supported through a long and trying time.

There is another remarkable personality who was born and bred in Milan, and who went away, a personality of whom we are proud—don Achille Ratti. I knew him under this modest name long since, at the time he was appointed superintendent of the Ambrosian Library. I saw him almost daily. As a student I was constantly visiting that magnificent hall with its countless volumes, where I found it conveniently pleasant to remain in its genial temperature during the dreary hours of a winter afternoon, composing my Italian essays or my Latin speeches. I read or I wrote, and whenever I raised my eyes from my books I would see don Achille

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Ratti under the little window, buried under piles of volumes or of manuscripts, ever absorbed in his labours like a man who remains immune to every distraction.

Occasionally, firmly relying on his courtesy, I would ask him for information and advice, and he willingly responded with perfect kindness. But one day he did not spare me a slight rebuke for an error which, in reality, had not been made. I had asked for the *Memoirs of Carlo Gozzi*, which were not supposed to be supplied to youth owing to their pornographic nature. I was compelled to explain that I wanted them because our Italian master had given us a theme for an essay relating to these memoirs. He tossed his head a little and remarked that the professor might have chosen a better book, but in the end he handed me the volume, adding a few paternal injunctions.

At that time I did not suspect in Achille Ratti the future Pope Pius XI.

But where I appreciated him profoundly was in the little church of San Giuseppe, where he preached in German to the *fräuleins* and maidservants, who then abounded in Milanese families. I attended regularly on these occasions, which provided me with useful lessons in German, and thus had a further reason for following with interest the career of this fine scholar, who, in addition to his other accomplishments, was an excellent linguist.

One day his German sermons ended and he was no longer visible at the Ambrosian. The scholarly librarian had gone to Rome to take charge of the Vatican Library. Before long news came that he had been again promoted, and had departed to Warsaw as apostolic nuncio. And eventually we saw him again in Milan presiding at Ambrogio.

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Once I received him in my surgical wing of the Central Hospital, where he had come on pastoral tour; and it was with a feeling of pride that I accompanied him to the wards of my patients, in whom he exhibited a keen interest, inquiring for details and explanations. I burned with anxiety to remind him of my youthful years, when he was still don Achille and proffered me paternal advice from his sofa at the bottom of the great hall of the Ambrosian, and when I used to attend his addresses in German in the little church of San Giuseppe, behind the savings bank. But I could not muster courage to overcome my diffidence. Hence it happened that a surgeon accustomed in the presence of his patients, with his instruments in readiness, to be bold to the brink of temerity, was incapable of uttering two words to a benevolent man who was encouraging him with his most winning smile. Very like the Manzonian tailor when he tried to speak to Federico Borromeo.

To-day my adventitious teacher of the German tongue has ascended to the sublime Chair of St. Peter, while I remain at the *Semeiotica chirurgica*. He is the great pastor of souls, and I continue an insignificant and unassuming lamb lost in his immense flock. Doubtless I shall never see him again, and if I had the occasion, I should still be unable to summon courage to speak to him of the long dead years, of his paternal admonition in the Ambrosian, or of his German sermons at San Giuseppe. I cannot help thinking, however, that if I recalled the past to him he would display no displeasure, while perhaps even a tear of emotion and regret would steal from his eyes.

Let us return to the boat bound for Tripoli. Standing on the bridge, Perussia and I found ourselves in the company

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of the magnates of Milan University. There were so many professors, ordinary and extraordinary, that it seemed like a full gathering of the Faculty. There was the young and elegant Pasini, who had not yet thrown off a certain professional gravity. There was Pepere, always young and brilliant; Valenti, with his customary aristocratic mien. I saw Madame Alfieri, but not her husband, who, she told me, had retreated to his cabin for a moment. Who was likely to miss encountering Baslini, officially an oculist, but in the dim past a poet, an impenitent mocker, but a perfect gentleman? Lastly, there was Calamida. All the Faculty, in short, but without toga, shorn of gravity, even with a certain air of university students on holiday.

However, the wind lulled a little; the ship made for sea; night descended on the gulf and on Naples, where a thousand lights twinkled in the darkness. The water was smooth, and we went below feeling confident of a fair night's repose. A marvellous spectacle awaited us in the early hours of dawn, and I was up betimes.

In the transparency of a cloudless sky it was easy to distinguish on one side the island of Stromboli, with its famous volcano, gilded by the sun's rays, and on the other side Calabria clearly outlined on the horizon. As the vessel steamed ahead Sicily came in sight, and we entered the Straits of Messina in triumph. We were distressed by the appearance of the battered city, which was still strewn with ruins, and ravished at the sight of Etna, quite green at its base and crowned with virgin snow, which rose above the turbulent volcano in full eruption. We passed Taormina, Acireale, and Catania. In the afternoon we reached Syracuse, where a short stay was made to enable us to study the city.

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O Syracuse, city of dreams! How lovely you seem as the ship approaches your splendid harbour, and from the vessel's bridge one looks upon the white outlines of your palaces reared along the bank and the legendary Fountain of Arethusa, verdant with papyrus!

Little remains of the celebrated Syracuse of old. The modern city is thought to preserve little more than the classic Ortigia, a small suburb of a mighty metropolis, which in old days extended along the coast and into the interior and was more than twenty-five miles in circumference.

On the gentle slope were the sumptuous quarters of Archeradina and of Neapoli, of Tyche and of Epipolae, of which nothing survives but ruins, but ruins that are truly expressive and extremely characteristic.

During our stay of a few hours it was a supreme delight to admire the superb colosseum and Grecian theatre, which commanded a magnificent view from the beach and Ortigia as far as Plemmyrion—the Nymphæum, the sanctuary of the nymphs, the Latomias, and the ear of Dionysos, which enabled that tyrant to listen to the slightest word of his captives, to overhear their most confidential and secret disclosures.

The countryside luxuriates in verdure; a deep green which shades into brown, speckled with the golden of orange-trees; the groves and gardens were then rich with golden fruit, while in the blossoming season they waft their perfume over the happy city.

These odorous waves are so soporific that they send people to sleep.

This is so well attested that legend relates that during the balmy nights of spring a company of spectres invades the

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groves. Splendid knights and sweet-faced nymphs emerge from their graves and march in long procession to the cavern where their king reposes. A priceless treasure lies hidden in a secret sepulchre, a treasure of which everyone has heard, but which no one has ever succeeded in discovering.

For this reason, on soft moonlit nights many people have striven to follow the procession; they have tracked it as far as the groves, without being able to proceed farther, for in the orange groves the scent is so powerful that it induces drowsiness and sends to sleep all mortals who venture too far.

We returned to our steamer in the evening, and again plunged into the discordances of the sea—and into a storm. We dined quickly, so as to retire early, but the coming day was not a merry one. The vessel was pitching and rolling in heavy seas. From time to time one might hear sighs and groans sounding through the cabin partitions. Good old Perussia himself was not in his usual buoyant mood. A dark cloud of uncertainty had invaded his rubicund countenance. He was stretched on his couch, sad and reflective. And to make the mournful picture complete, deposited on his little table were the infallible Mothersill remedies, whose virtues he had praised so confidently.

But pathology itself was in no better case, since my good friend Cesa Bianchi, the celebrated clinician, put his head out of the bed clothes, his frank, open countenance no longer beaming with joy, but expressive of exasperating agony . . . and he regretfully remembered his friend Perussia with sorrow and distress, for he could do nothing to alleviate his sufferings and restore him to his normal state.

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Many harsh things are said about surgery. But if medicine confesses its impotence to deal with such slight and innocuous forms of indisposition, what is the use of so much investigation, so much inquiry concerning the internal secretions and the well-kept secrets of endocrinology, and even into the complex structure of the sympathetic and parasympathetic nervous system?

Having lost all confidence in Mothersill and disillusioned on the score of medical therapeutics, I soon found my equanimity shaken. A resigned melancholy stole over me. I saw slowly advancing that feeling of misery which reached us so unmistakably through the cabin partitions in the sound of dismal sighs. They were distant, but alas, what sighs!

To escape from this wretchedness I dressed hastily and went on the bridge. The stiff breeze revived me; every trace of melancholy vanished, and, to vanquish the last vestige of my discomfort, I had the company of my friends or rather of a few friends immune to sea-sickness, who formed a noisy and merry group on the prow.

It was nearly breakfast time, and we hurried into the dining-room. The tables were practically empty, but among the few present I had the good fortune to encounter an old acquaintance, one of those expansive Milanese who wander almost everywhere. He was next door to a patient, since he was the husband of a client upon whom I had operated the previous year for hepatic concretion. He was a wine merchant, making his customary voyage to Tripoli, who made no secret of the fact that his business was flourishing.

He accosted me with great cordiality and proved himself a mine of information about Tripolitania, which he knew from practical experience, and when he learned that we were going to Tripoli to study the climate and, if possible,

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pronounce the province an excellent winter resort and pleasant watering-place, his enthusiasm became unbounded.

"A splendid idea! It is the ideal spot for winter residence. France has been boosting Algeria and Tunisia, and it's about time we followed her example. Tripoli in winter is one long sunlit springtime. In this soft and beautiful climate even in a bad season there are only a few stormy days—few but disagreeable—owing to the cold wind and the dust."

"Shall we have the bad luck to land on one of those days?"

"How funny that would be!" and my friend burst into laughter.

Breakfast over, we ascended to the bridge. I joined the jovial group of colleagues. This time no lady was present. The witty Baslini, that incorrigible *viveur*, seized the opportunity to extol the female beauties of Tripolitania: charming creatures, bewitching beauties, damsels with the darkest eyes, braided tresses, sinuous and seductive curves . . . the lovely ladies of "The Thousand and One Nights!"

Ah! that Orient! What myths and mysteries encompass it! I knew some tales myself, and, to pass the time, I narrated my Eastern stories.

I related incidents of my trip to Egypt, Syria, and Asia Minor. At that time I was acting as surgeon on a steamship during holiday cruises. I had dreamed about the Orient. I had read Pierre Loti, who was then in the fashion, who sees the East (need it be said?) through the prism of his exuberant imagination. So one day I embarked on the *Regina Margherita*, which slid away into the blue waters.

Our first misfortune was awaiting us at Alexandria—the city was suffering from cholera, plague, and typhus.

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After medical examination I was allowed to land. Good God! What a sight for a poor surgeon! The first thing I noticed was the number of people with sore eyes; among the natives it is difficult to find an individual with sound optics; many are blind, to say nothing of the numerous cases of granulation, trachoma, and conjunctivitis of every description. What impressed me most was the sight of children with bleary eyes, swarming with flies, which the poor little wretches did not even trouble to flick away.

I paid a visit to the Arab quarter, whence I escaped appalled at the filth, the skin diseases, and the innumerable cases of elephantiasis which I encountered.

A veritable Pandora's box!

The next morning I took train to Cairo, a fast and comfortable train, but facing me was a native, who every now and then would remove his slippers, place his legs on the seat, and scratch between his toes. Loti spared us horrors of this sort.

The railway station at Cairo is perfectly British and modern. On leaving the station I jumped on an electric tram, which soon took me to my hotel, and the next day I went to the Pyramids, where the photographer with ass and camel invariably awaits visitors. The man invited me to mount the camel, while my guide rode on the donkey, and the four of us, two men and two beasts, made a striking group with the Pyramids and Sphinx in the background. The splendid sun helmet that adorned my head made me look for all the world like an African explorer. After paying one pound, I was given the assurance that I should find the photograph awaiting me on my return to Milan.

Meanwhile, the orb of day was casting his farewell beams upon us, and I soon contracted a cold, as the temperature

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falls very rapidly. Darkness comes suddenly, and the traveller is denied all sight of sunsets. Where are the fine dawns and twilights of blood and purple so highly praised by Orientals? My guide having promised me delightful feminine visions in the evening, he took me to the Fish Market (a kind of Oriental sewer), then to the belly dance. Good God, what women! It were better to leave the rest unrecorded.

I left the country, then, a few days later, without having experienced the slightest erotic sensation, and without regret. But I could not shake off my cold.

I would spare you my impressions of Syria; at Beyrouth the traveller is put in quarantine for smallpox, cholera, and plague, as he is at Alexandria for precisely the same diseases.

"Is this enough for you?"

"Yes, more than enough," chorused my friends.

While I was yarning in this way we hove in sight of Tripoli; evening had come and the sea was still choppy, but the harbour is so large and convenient that the steamer voyaged rapidly ahead. All the invalids recovered instantaneously, for the moment they reached *terra firma* their depression vanished in a trice. But they were all somewhat fatigued, and made for their hotel without delay.

The next morning the congress opened. The weather was still misty and the wind was blowing, but Tripoli is a splendid place, in spite of everything. How the city would smile in the sunshine! It is the genuine Orient that enthralled me: an Orient not yet defaced by electric tramways and railways. The town is magnificent, with its old ramparts, its native marts, its narrow, winding streets, its mosques and its minarets, and cosmopolitan and multicoloured population.

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The castle is profoundly impressive, picturesque, and majestic! The new town is splendid (all the credit for this is due to the Italians) with its wonderful esplanades, its spacious buildings, wide streets, and fine shops. Everything is comely, novel, and gay . . . except the weather.

Despite every drawback I was greatly elated, but my friend the wine merchant was vexed.

The next day our party set out for Sabrata in a fleet of capacious and powerful touring cars, which travelled over fine roads, through a picturesque country, oases, plains, and desert: Biblical landscapes, fascinating views.

At noon we arrived at the ruins of Sabrata and enjoyed a delicious collation on the seats of an amphitheatre, which recalled the colosseum. I was decidedly enamoured of Tripolitania.

The day succeeding we made an excursion to Garian. After traversing flourishing plantations, and passing through Azizia, we climbed towards the verdant plateau. There another enchanting spectacle awaited us. At our feet stretched the wide country through which we had travelled dotted with immense olive-trees, gigantic growths which lend so much force to the tradition. They are supposed to have been planted by the ancient Romans. And amid the olive groves may be descried villages containing dwellings as ancient as the Stone Age. Another cold refection under olive-trees, and it was time to return.

As our concluding town, which was the most interesting of all, we visited Homs and Leptis Magna. We had to cross the superb oasis "la Menscia" as far as the old mosque of Tagiura, whence the road to Homs runs through dunes and plantations. But the weather was deplorable, and it said much for our courage that we ventured out in spite of the

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elements. The wind howled and raised a fine impalpable dust which penetrated our garments.

I went to Homs, not only to view the ruins of Leptis Magna with the party, but also with a secret desire to redeem a promise given to my wife at parting: to visit the grave of her brother Mario, who died in his twentieth year with the gallant soldiers of the first Lybian expedition. Should I be able to find this grave, which no other member of my family had yet been able to visit?

I pursued this sad quest quite alone. I left my colleagues at the Casa del Fascio, where they had taken refuge after lunch, and followed the directions that had been given me. A few miles from Homs, near the sea, was a little war cemetery, where, in fact, lie buried the heroes of the expedition. I soon reached the spot and had no difficulty in discovering the grave of my brother-in-law.

He rests quite near the spot where he fell, killed by a bullet in the forehead. He lies between the oasis and the shore, on an eminence which overlooks the sea, facing north, facing Italy, looking towards the land where his inconsolable mother mourned his death for four and twenty years.

On my return to the Casa del Fascio, our party was ready to motor to the ruins of Leptis Magna, but the weather was still atrocious; the gale was sufficiently violent to knock one off one's feet, while the desert sand was blown full in our faces, and felt like a thousand pin-pricks. With great difficulty we managed to see the arch of Septimius Severus, and to inspect the baths, and the little we did see was so fine that it surpassed our most sanguine expectations. The monuments are of matchless splendour and beauty.

The Congress

The next day was the last of our stay in Tripoli; it was reserved for the conclusion of the congress.

A congress? We had quite forgotten it, although it was the official reason for our journey. We had all to meet in the morning in the great chamber of the Town Hall, to compare notes, review matters, and decide whether or not Tripoli was a hygienic and attractive spa.

We proceeded in great majesty to the congress. To heighten the solemnity we were to be presented to the authorities and even to Hassuna Pasha Caramanli, then syndic of Tripoli. The Pasha was there; he glared at us without speaking and was beside himself with rage. How could he have been otherwise? Had not the weather played him a scurvy trick, defaming his magnificent city dotted with orange- and palm-trees, which enjoyed an eternal spring? All the worthy Tripolitans were mortified and silent.

We hardly knew how to begin, but when the doyen of Libyan doctors had presented his clear and precise report, which included the details of temperature and atmospheric pressure, the hygrometric curves and all other meteorological phenomena, no doubt whatever remained, and the commission could declare with an easy conscience and a light heart that Tripoli might be recommended as "an attractive and healthy spa." For my part, I would have added that it was a fascinating touring country.

After the conference came the inevitable banquet, and that same evening we had to leave.

The good ship *Garibaldi* was waiting for us in the harbour; and although several of our party seemed reluctant to encounter the capricious waves of the Mediterranean, our

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return voyage was a most auspicious one. We saw no person with preoccupied expression on deck. There were no sudden disappearances below, nor any of the frantic experiences which during the first voyage had embarrassed the doctors of Milan, thrown out of their stride by a desperate clinical case. The sky was cloudless. Those who now scorned the narrow space of their berths and preferred the open heavens and the distant horizon, remained on deck, proud and intrepid, during the crossing. No more of those sighs and moans which would have melted the stoniest heart.

Then we enjoyed a delightful sojourn in the island of Malta, whence the *Garibaldi* voyaged to Syracuse, but no sooner had we entered the harbour than a very singular incident occurred: nearly all the members of our party were inspired with a passionate craving to visit Taormina and Messina, and to travel by train along the coast of Calabria. I was left alone, the absolute monarch of a spacious cabin, as far as Naples, where we were all united again for the rail journey to Rome.

On a radiant morning in March our train rumbled into the old station of Milan. When we alighted we discovered that the city was decked in its spring-time glory, as if our town, so frequently cold, snowy, and misty at that season of the year, had ironically determined to demonstrate to the wandering doctors the geniality of its climate and the brightness of its sunlit streets, in order to be certified as "a hygienic and attractive winter resort."

CHAPTER XVII

THE GUARDIAN ANGEL

*E par che sia una cosa venuta
Da cielo in terra a miracol mostrare.*¹

DANTE

THE GUARDIAN ANGEL, THE GOOD FAIRY OF THE HOSPITAL, clinic, and nursing-home is, and has ever been, the Eternal Feminine, be she nun, nurse, attendant, or "Sister." She is the faithful and ever-constant servitor of the doctor, his trusted collaborator who accompanies him through the hospital wards, assists in the operating theatre, prepares his patients, and presides over his instruments and medicaments.

The co-operation of woman in the administration of the sick is so great as to be almost incalculable.

The surgeon can perform intricate operations: his diagnoses may seem almost inspired—but he can never remain with his patients throughout the entire course of their indisposition.

"Man," said Professor Varanini, "is not adapted to those delicate attentions, those tendernesses, that loving-kindness and care which benefit the sick so greatly: he cannot express the consoling words which reassure the sufferer. These indispensable 'little things' can only be supplied by woman, informed by instinct, her natural kindness, her maternal tenderness. It is woman alone who voluntarily or instinctively knows how to inspire or convey pleasure, to display the deepest affection, to stimulate the most pleasing emo-

¹ "And it seems a thing come down to earth from heaven to manifest miracles."

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tions: woman, and woman alone, is the constant comforter of the afflicted! She alone can speak those consoling words, can render those loving services which alleviate the sufferings of the sick."

I entirely agree with these laudatory views of Varanini, and add further that, if the ministrations of woman to the sick are so priceless, they are no less important in the operating theatre; in their attention to instruments and dressings, in all those minor offices that necessitate close scrutiny, promptitude, and, above all, patience.

The Americans, who are practical rather than idealistic, have so fully appraised the services of the nurse in the care of the afflicted, that they have developed a type of nurse of so definite a character that she constitutes a special feature of their surgical activities.

The New World nurse is not recruited from the uncultured classes, but from the informed and well-to-do.

She must have good grounding in general knowledge, and ample bedside training: the former is acquired in the primary and secondary schools, the latter in the so-called training college for nurses, which is an integral part of every important hospital.

I have already written at some length, in various periodicals, of the three-year course, and of the strict discipline maintained in these schools. I do not wish to repeat myself, but I am convinced that by means of this sound training the American nurse has become possessed of a culture and practical worth that is really unique.

She is now the most active attendant in hospital or clinic. Essential in the ward and sick-room, she is indispensable in the operating theatre. Not merely does she prepare in advance, but she actually co-operates in the operation. She

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passes his appliances to the surgeon: the compresses, and also *assists directly and administers the anaesthetic*. . . . To be candid, these appear to me to be very onerous duties for a nurse to undertake—perhaps too many.

Still, certain nurses have made a speciality of narcotics, and have thus become anaesthetists; but for my part, I consider the administration of anaesthetics a matter so delicate and refined, so pregnant with danger of unlooked-for developments, that I think it far better that anaesthetics should be administered by qualified surgeons or physicians only.

In America I have sometimes seen nurses closely assisting very noted surgeons. I have never approved of this practice; the surgeon should engage those assistants only who are able to continue and complete an operation, in the contingency of the operator becoming suddenly indisposed.

In private practice there is no American physician of repute who has not an attendant nurse available during consulting hours; there is not a well-to-do family that does not engage a nurse in cases of illness. The nurse is highly respected, and, I should add, well paid.

But if the nurse is so versatile, and her help so invaluable, why do we not meet her everywhere, even in Italy?

It is not so easy as it seems to answer this question.

I suppose that the “nurse,” as she practises in the Anglo-Saxon world, is the product of a social order which is rich and influential. She would not adapt herself to the conditions nor accept the remuneration which our hospitals offer: she would not find in Italy a suitable *milieu* for the exercise of her splendid profession. It is true that some progress has been made, for when I began my hospital career the nursing service was hopelessly inadequate.

In the large hospitals, and especially in the Central

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Hospital at Milan, there were, originally, male assistants for the men and female assistants for the women patients. But these assistants were quite untrained and were drawn exclusively from the simple and uneducated classes.

The male assistants reminded me somewhat of the monks in *I Promessi Sposi*: ugly, dirty, often addicted to drink, avid for tips, and ever ready to deal in tobacco, sweets, and other prohibited articles, to obtain a little money.

The female "nurses" were recruited from the country, or were foundlings, quite unlettered, sometimes not being able to read, and in all cases very badly paid. They were indiscriminately attached to various services: to the kitchen, the laundry, the linen-room, and to the care of the patients and dressings.

Much later, the necessity for instructing these helpers was recognized; and, moreover, it was also realized that cleanliness was the indispensable basis of hospital service.

The chief obstacle was, of course, the lack of money. The poverty of the hospitals made it impossible for them to attract a trained and well-informed personnel.

The temples of healing have recently introduced courses of instruction. Young girls who wish to follow a hospital career, and who are obviously illiterate, must receive a minimum amount of instruction. But this cannot compensate for lack of earlier training.

The Central Hospital in Milan now provides a school for hospital nurses, which resembles, on a minor scale, the American training school. Young girls of good family alone are admitted and only then if they have reached the secondary education standard. These candidates are carefully examined, and if deemed capable they duly enter the course, which covers two years' instruction. At the end of the course there

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is a practical test imposed, and, for the most promising pupils, there is a further year's training prescribed.

I have watched the development of this school, directed by the noble Maria Sforza, and I have even played a small part therein, being a member of the teaching staff. I do not gloss over the fact that there are still great difficulties, and that jealousy is not entirely absent. But results have been so far satisfactory and promise to be better in the near future.

Already the school has sent forth many nurses worthy of their high mission, and for more than a year my surgical institute has been entirely staffed by these enthusiastic young collaborators. I very sincerely hope that soon the school will be able to fulfil the requirements of the Central Hospital and all the nursing-homes of Milan.

But there are other schools in Italy in addition to this.

Everyone has heard of that attached to the Red Cross, whose beneficent activity was manifested during the World War. Doctors were then able to appreciate the inestimable importance of the trained nurse, even-tempered and ever in readiness. I gratefully remember the self-sacrifice of these angels of mercy, decorated with the little red cross.

They served, not only at the hospitals at the base, but also at the front, in the portable hospitals near the firing line. I would like to note here the names of all my assistants, but I can recall a few only.

At the camp at Mezza Via, on the Asiago plateau, the daughter of General Porro and the young Marchesa Paolucci de'Calboli were present. In the inferno at Quisca, on the Sabotino, were the Contessa Buonacossa and Contessa

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Buonmartini, and Miss Martignoni was stationed for a considerable time at Carbonera di Piave.

These courageous and never-tiring nurses, expert in every branch of their calling, constant to their duty, shared with us the anxiety and peril, labour and sacrifice, elation and pain. With a divine outpouring of the maternal spirit, they ministered to the men wounded and mutilated in the ghastly war.

The poor patients looked on them as sisters, mothers, comforters, and all were more or less in love with the gentle, patient, and charming creatures.

For man scarcely knows how to analyse his emotions.

He is impulsive and frequently violent in his passions, but he is, above all, egoistic: and when he is confronted with the goodness, the abnegation, the self-sacrifice, the maternal spirit of sympathy, he is crestfallen, his subconscious ego murmurs in his ear, stimulates his brain, and tells him that this woman who cares so tenderly for the sick would minister to him also if need were.

How many of the doctors were entranced, conquered by the charming nurses. Some of them proposed to and were accepted by their seductive companions.

There was my excellent friend Campagnani, an able and intrepid surgeon, who co-operated with me at the reserve hospital of the Red Cross. He was sceptical and indifferent to the tender emotion, but he capitulated to a nurse of the Red Cross. Having surrendered, he became happy in her winsome love. He emulated the example of many soldiers, disfigured, disabled, and blinded by war, who united their lives with those of the nurses who had watched them so tenderly.

The devotion and self-sacrifice of the young girls who

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dedicated their lives to the service of the hospitals during the war, reached divine dimensions.

I was the spectator in my reserve hospital of an episode which I hardly know how to define: romance, tragedy, or semi-comedy?

A strange, one might almost say a paradoxical, happening in which I played a secondary part, and which I observed uneasily, which gave me some qualms, but filled me with admiration and astonishment. I will tell you the story, not to sadden you, but simply to show to what heights the goodness and devotion of a woman can rise.

I was operating as head surgeon at a reserve centre—a surgical department of great importance which specialized in lesions of the nervous system. One day I received a patient, very severely wounded.

He was an officer, lieutenant of *bersaglieri*, wearing several military medals. In his last battle he had led an assault on a trench, with great impetuosity. After a fierce struggle the trench was surrendered, but in the moment of victory a bursting shell had injured the officer in the back, and he was thrown to the ground and no longer moved.

He was rescued by his faithful followers and carried to a first-aid station, when an examination revealed a large wound in the spinal column at the intersection of the thorax and loins. All that was possible was done and he was then sent in the first instance to a field unit, then to a surgical hospital. The diagnosis was a serious fracture of the first lumbar vertebra and a lesion of the spinal cord.

A laminectomy was performed, the shell extracted, and the small particles of bone which were immersed in the spinal cord; but the continuity of the neural processes had been severed and there was scarcely any hope of recovery.

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The officer had survived the operation owing to his youth and robust constitution, the first crisis was over; but the lower members were flaccid, insensible, dead, and the functioning of the bladder was gravely disturbed. He was sent to a hospital to rest, then to the reserve centre at Milan.

When I saw him my heart seemed to stop beating.

One could only say that the lower half of his body was numb, and, further, he had great bedsores at the joints and in the sacral region. The audacious, exuberant, and dashing lieutenant no longer existed: I had before me an invalid condemned to perpetual immobility, a semi-corpse.

We had done all that was humanly possible to reanimate those flaccid and lifeless limbs: we had used every resource that mechanotherapy and electricity had bestowed on medical science. All in vain. And Lieutenant Bruno, who was perfectly aware of his condition, was in despair. . . .

Was this his settled destiny? He, the brilliant officer, the charming youth who made friends everywhere, the enterprising engineer who had taken his degree *Magna cum laude*, whose future beckoned so brightly, was he to be reduced to impotence, sentenced to lifelong idleness?

He, the active and indefatigable athlete, must he remain immobile, pushed here and there in an invalid carriage by a docile and charitable nurse? He, the proud soldier, disdainful of danger, always the first in attack, must he be for ever pushed in a bath-chair, an object of pity and regret to passers-by?

Death was preferable!

Why had this infernal shell struck him in the back? Why had this infamous projectile not struck him clean through the heart, slaying him on the crater of the conquered trench? Why? Why?

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Had he not dreamed of dying for his country? If only he had his revolver so as to end it all. But his weapons had been removed. He could not even approach the window, as his limbs refused to respond to his will.

His splendid, deep, dark eyes showed his scorn and despair: his look was terrible to behold.

I did not know how to treat him: I sorrowed and feared for this man; when I had to go to his ward I had to summon all my courage to smile, to hearten, to deceive him. But sometimes the task was too heavy, and when I left this torture chamber my throat was throbbing with pain.

"God help me. Provide me a remedy, a way of salvation. . . ."

I found a remedy, but it was a fatal inspiration.

I asked my young and charming nurse, Miss Nelly, to undertake the care of this hero, to console him and do all she could for him.

She was quite ready to undertake this noble task, for she was an angel of light. She was extraordinarily gentle, patient, and serene, and very meticulous in the performance of her duties.

She had taken to nursing in opposition to the wishes of her parents, and she carried out her duties with cheerfulness and devotion. She had been accustomed to a life of luxury in the dwelling of a noble family: she now performed the severest and most disagreeable tasks uncomplainingly.

Miss Nelly it was who performed the miracle!

She tended Lieutenant Bruno lovingly, tenderly, and with extreme delicacy. She cheered him, related tales to him, read to him, and revived him.

Then we detected the change stealing over our truculent

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hero. His scowl disappeared and his eyes assumed a look of serene resignation.

He still had his times of despair, but as soon as Miss Nelly entered his room the clouds dispersed. She was a divinity to him . . . he glanced at her with ecstasy.

His general condition improved, and some months later I concluded that he could be sent to a convalescent home. Surgery had helped him to the extent of its power, but no mortal agency could restore to him the use of his limbs.

He left us, his wheelchair propelled by his faithful little nurse. . . .

Miss Nelly asked me for some months' leave of absence, which I granted gladly, as she had worked exceedingly well.

Some days later I was in my office when I was told that a lady wished to see me at once. It was Miss Nelly's mother, whom I knew very well.

She entered hurriedly, threw herself into an armchair, and burst into sobs.

"Doctor," she called through her tears, "my Nelly . . . my Nelly. . . ."

"Is she ill?"

"No . . . worse, much worse! Can you not guess?"

"What?"

"She is engaged to be married."

And the sobs broke out afresh.

"Engaged?"

"Yes! She wishes to marry Lieutenant Bruno!"

It was now my turn to collapse.

What! This beautiful, flower-like young girl, brimming over with youth and health, to marry a chronic invalid—paralytic!

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This must be prevented: it was a crime against Nature, against motherhood, against posterity!

I calmed the mother, and promised my help in dissuading the headstrong Nelly. I did all I could.

I saw the lieutenant, and tactfully appealed to his feelings of abnegation and generosity.

I then spoke to the young girl with all the authority of a physician and her superior. I pointed out to her the extent of her sacrifice, the sorrow of her parents, the irreparable misery that would follow.

It was of no avail.

To my arguments she simply replied that without her Bruno could not live, that he would be driven to despair and would kill himself. He had sacrificed his glorious youth for the Fatherland: it was meet that she should devote hers to sweeten and prolong the hero's life.

The outraged family pronounced their absolute veto to the marriage; but Nelly was of age and a few months later the sacrifice was offered.

One grey April morning the chair that carried the invalid was pushed to the foot of the altar, and the two young people declared the fatal "I will."

The relatives and friends were too sorrowful to attend.

Nelly returned humbly to her home, there to watch over Bruno, much as she had done in hospital, bestowing on him all her tenderness, her constant loving solicitude and care. . . .

I never found sufficient courage to visit them, but sometimes on sunny days I would encounter them in the street. An assistant pushed the wheelchair of the young husband, his face transformed, almost radiant. . . . She walked at his side, studying him with an affectionate, almost maternal, expression.

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But one day the lieutenant had a relapse. The bladder trouble increased, accompanied by a violent infection of the urinary ducts.

The young hero died resigned, blessing the dear companion who had shared his sufferings and his sacrifice.

The virgin-wife kissed the lips of the dying man, and swore that she would never remarry. And then on the poor body, which had in reality been dead for so long, she placed again the glorious grey uniform. Miss Nelly's task was done.

She went into mourning—a chaste widow (who had never truly been a wife)—and returning to her family, devoted the rest of days to deeds of charity.

Thus ends the story of the gentle and heroic little nurse white-robed with her cross of red. I admit that the affection of this girl often seems to me exaggerated, disconcerting, almost against Nature. But we men cannot comprehend. A woman's heart has many secret chambers, many a deep and intricate labyrinth, that we are not permitted to enter.

Let us bow our heads and revere!

CHAPTER XVIII

THE MARTYR

TO MY FATHER.

IT WAS A WILLOW, A SAD WEEPING WILLOW, THAT ALFRED DE Musset wished his friends to plant on his tomb!

*Mes chers amis, quand je mourrai
Plantez un saule au cimetière. . . .*¹

It is a tribute of palm leaves that I would place on the sepulchre of the surgeon who meets death in the course of his duty. The willow is only a symbol of sorrow: the palm is the martyr's crown.

Poetry does not kill the poet, and if his verses are inspired they win for him immortality; but the practice of surgery is accompanied by constant danger, with no hope of glory, and in most cases it is conducted in obscure and humble surroundings.

The surgeon stands ever in danger: his hands touch the most nauseating sores, and are exposed to the most infectious exhalations and virulent secretions.

He must operate for ulcers, tumours, attend to those afflicted with tetanus, carbuncles, gangrene, erysipelas, diphtheria: and woe to him if for one second he fails to observe all requisite conditions: woe to him if in saving others he forgets himself!

I had a shocking instance of professional mischance in my own family: my poor father, as I have already intimated,

¹ "When I die, my friends, plant a willow in the cemetery. . . ."

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contracted blood poisoning when performing an autopsy, and died after a few days' illness. A very slight, unnoticed scratch had afforded an open door to a rapidly fatal affection.

Numerous surgeons have experienced a similar fate after operating on septic patients.

The methodical use of rubber gloves has effected a considerable decrease in the number of these fatalities, but it has not ended them completely. It is always possible for the surgeon, while operating, to prick himself inadvertently, and the germ-laden instrument may introduce into his own body death-dealing organisms from his patient's wounds.

Only recently such misadventures have overtaken my colleagues. I myself have had two such mishaps, having been infected with pus germs. Twice have my poor hands been submitted to the knife of the surgeon, and my family has suffered from anxiety and dread. Happily the danger was soon averted by promptly successful surgical treatment; but several of my professional friends escaped with horrible disfigurement.

I remember a very severe infection of the middle finger of the right hand which my old master Bussola contracted when operating upon an ulcer on the arm of a hospital patient.

It was almost a miracle that the life of the unfortunate surgeon was preserved: for long weeks his robust constitution fought with death, and the saving of his life was only secured by the amputation of his three phalanges and the metacarpus. I need not enlarge on the professional disparagement which resulted from this accident.

The same misfortune was that of my friend Colonel Sironi, who underwent a similar amputation to that of Dr. Boni.

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The lamented surgeon Professor Crostial also contracted while operating in a hospital the dire erysipelas which occasioned his death; and my colleague, Dr. Radice, only just escaped blindness when a spurt of pus, violently discharged from a pleuritic ulcer on which he was operating, happened to enter his eye.

And I could go on quoting such cases *ad infinitum*.

But, undoubtedly, the worst infection of all is syphilis.

This infectious and distressing disease oppresses the surgeon on account of its very remarkable complications and because it is transmitted to those whom a father holds most dear—his children.

The microbes of this malady do not attack a person with a perfectly sound skin; but if there is, whether in the skin or the mucous membrane, any fracture—a wound or even a scratch, however slight—the fatal spirochete enters and insinuates itself into the tissues.

There it grows and multiplies and gives rise to the phenomena of primary syphilis: of a little hard corn, which can easily remain unobserved. But from this stage the spirochete spreads and poisons the whole system.

The secondary stage is then reached; its manifestations are no longer confined to the germ's place of entry; they become diffused and are visible on the skin and in the mucous membrane. A rash appears, scabs and pimples break out on the mouth and lips, and more virulently on the genitals.

The secondary stage lasts two or three years; it is the most menacing, the most contagious phase of the dreadful ailment.

It is at this stage that the syphilitic child infects with his

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lips the nipples of his nurse's breast and that the woman spreads the disease by her kisses and in the sexual embrace. Syphilis is classed with the venereal diseases, but in the strict sense of the term this is not entirely accurate.

After the secondary stage the superficial aspects disappear, and serious visceral lesions supervene: the spirochete attacks our most vital organs: the heart, the blood vessels, the sex glands, and the nerve centres.

This is the tertiary stage and, unless skilfully treated, may persist for life. The disease is not now so contagious, but to the afflicted subject it is far more menacing, as the cardiac lesions may cause sudden death, those of the vascular regions arthritis and aneurism. Those of the sexual glands can transmit the malady to offspring, those of the nerves induce paralysis of the dorsal region and insanity.

Alas! with what a flail is frail humanity scourged!

But is it possible to combat this plague? Can such a disease be completely cured?

Certainly it may be cured and perfectly cured, at its roots. Yes, be confident concerning that; syphilis can be extirpated, like any other malady; so true, that there are cases of re-infection.

But the treatment is protracted, and must be conducted with patience, persistence, and perseverance.

I hardly exaggerate when I assert that the means used to combat syphilis are miraculous. So much the better! We have at our disposal remedies as wonderful and efficacious as those employed against tuberculosis, and far more potent than those directed against malignant tumours and especially against cancer.

With the aid of certain drugs, syphilis can be conquered, even to the rapid removal of the most impressive symptoms.

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The patient regains, or seems to regain, his full health; he feels so well that he thinks he has completely recovered, and here lies the danger—he discontinues medical treatment.

Then the foolish fellow, ill-advised, may marry and become the parent of diseased children and some years later, when least expected, tardy symptoms reappear, the direct consequences of infection, which attack the organs that have borne the greatest strain and stress of life.

For example, among intellectuals it is the brain which runs the greatest risks. How many excellent men of letters, great artists, die young of general paralysis. I need only mention poor Donizetti, confined in an asylum at Bergamo, after having delighted the world with his ravishing melodies.

But I am digressing, and encroaching on the pathological realm where my friend Pasini is supreme.

I have only made this little excursion to explain *why* I have so holy a dread of this disease; and I assure you that I am astonished, remembering the risks I have incurred, that I have remained immune.

How many times have I not pricked or wounded myself in operating? And especially during the war, when the disease was rife among the soldiers, and we were working under enormous pressure and emotion—we had little time for precautions then!

How many syphilitics have I operated on without knowing it! How many times have I wounded myself in so doing! But not all of my friends were so fortunate. Many were struck down while doing their duty. Many of them were martyrs!

I remember the long and painful Odyssey of a celebrated professor of obstetrics in one of the royal universities. This famous practitioner pricked his finger while he was con-

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ducting an autopsy on a foetus. The resulting infection was so severe that it could not be exorcised entirely, and a few years later appeared the first signs of dorsal paralysis.

He suffered acute attacks of lacerating pain, but between the attacks he would be wheeled into the lecture-room, where he would remain conversing for hours with his students. He would not abandon his clinic until his last hour—"the conqueror and not the conquered, triumphant over his malady and its pain."

To those who pleaded with him to give up teaching and take care of himself he replied: "Only when I talk to my students can I forget my suffering; it is here alone that I can master the agony of my nights of sleeplessness, so agitated and sorrowful."

I have seen others, alas! contract the horrible infection under my eyes. A celebrated Milanese obstetrician (now dead) infected his finger during a gynaecological inquiry. . . . Others while operating, that is, in the exercise of their profession—simply performing their duty!

I cannot refer to all the misfortunes of which I possess personal knowledge as professional etiquette forbids my crying to the heavens the heroism and devotion of my colleagues. Martyrs obscure and hidden in the shadows; benefactors whose sacrifice is not atoned for by publicity.

However, I cannot refrain from telling you a sad story which was narrated to me by my friend Smidt, whom I met at an International Surgical Congress.

These are his own words.

"My dear Majocchi, surgeons are the worst patients; they cure others, but when they themselves fall ill, they are truly pathetic.

"This year I lost my most cherished assistant as the result

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of a professional accident. The case was grave from the beginning, but no one can persuade me that, if only he would have cared for himself patiently and perseveringly, he would have escaped a painful death. Had he been an ignorant layman, instead of a competent and cultured doctor, he might have been cured.

"My good Braun was the dearest of my disciples. Even as a student he was passionately devoted to surgery, and even after taking his degree he accompanied me to hospitals.

"He was remarkably energetic, ever ready for work, and between one operation and another, one day of hard toil and another, on his free evenings, he devoured literary works and scientific publications.

"He was a man of deep culture and would soon have gained an enviable position.

"After a year he became an assistant at the hospital. He was a professor after three years, and a year later he married, I being his witness.

"A charming little girl came to complete the happiness of the family, where happiness reigned until the war, when I lost sight of him for some time.

"He was attached to various surgical departments in the reserve hospitals, and when away from military duties he carried on his private practice. He was highly respected, and well on the way to build up a solid reputation.

"But one sad morning he appeared before me with his hand bandaged.

" 'What has happened to you, my child?'

" 'Professor, please give me your advice. Look at the index finger of my left hand. I must have pricked it while operating. . . . I cannot remember exactly when; it might have been at the military hospital, or perhaps a

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private clinic. . . . I do not know. At the time I paid no attention to it. Then it swelled a little and I poulticed it. Then I showed it to a colleague, who said it was a periungual whitlow, and opened it for me, but this did not cure it, will never cure it . . . and I must work, I must work. . . .’

“He removed the bandage and I looked at it.

“There was a small granulous sore, grey and strange-looking. It did not suppurate, it was not very painful. There were also large pimples in the armpit, but these, too, were not painful.

“I hesitated; prescribed poultices, and advised him to return in a few days. He did so; but this time I had a specialist on syphilis with me. A sinister doubt dominated me and I wished to share the responsibility with someone. Above all, I wanted a microscopic examination.

“Poor Braun could see the anxiety in my eyes. And it was as I had feared: the microscope revealed the spirochete in the depths of the wound. It was syphilis.

“My poor assistant collapsed into an armchair; he was deathly pale and burst into pitiful crying.

“He, who had dreaded venereal disease, who had passed a pure and chaste youth in hard work, he who had thought to bring to marriage and to transmit to his children his splendid health, was now the victim of syphilis. He could not approach his wife for a long time; he could no longer kiss his little Mimina, his dear little girl, flesh of his flesh, the apple of his eye. . . .

“I comforted and reassured him as well as I could; he must take good care of himself, be patient, and he would be cured. Of the ghastly professional mishap, there would remain the memory only. . . .

“I accompanied Braun home; all the life had gone out of

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him. Happily, his wife was a highly sagacious woman; she took command of the situation. She adopted the most rigorous hygienic measures; separated the beds, the linen, the cooking and eating vessels, and, above all, she encouraged her husband, who was prostrated with grief and disappointment. He was wrapped in stony silence.

"Braun responded promptly to energetic treatment. After the first injections the symptoms subsided; the ulceration of the finger disappeared as if by magic and healed in a few days—the secondary stage did not appear. My dear Braun recovered mentally and physically.

"He grew tired of all the restrictions. It was torture not to be able to touch his wife, intolerable not to kiss his little daughter, his Mimina, who could not comprehend his seeming coldness.

"Then he volunteered for the front, and I accompanied him to the station. I said good-bye, and firmly advised him to continue the treatment:

"'Braun, my son, persevere with the treatment . . . don't neglect it. Remember! perseverance, patience, tenacity! . . .'

"He promised, and the train steamed out.

"He sent me many letters and postcards, describing life at the front, giving me details of his busy surgical life, with his experiences of the war wounded. But he did not speak of himself. Indeed, himself he seemed to have forgotten in his solicitude for others. And a secret misgiving haunted my mind. . . . I had a sorrowful suspicion that he was neglecting himself.

"Two years passed away and, the war over, Braun returned to the hospital.

"He was the Braun of former days, he even seemed more

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youthful. He resumed his operations and scientific researches with boundless energy.

"To co-operate with him was happiness. It was needless to utter a word: he anticipated every requirement and furnished it with quiet promptitude.

"When I severed the tissues I had insufficient time to conduct the haemostasis. In the twinkling of an eye he had ligatured all the vascular openings. When I was uncertain, I would ascertain his verdict, and his conclusions were always sagaciously cautious.

"'. . . Braun, should we leave a drain?'

"'. . . Braun, ought we to close it completely?'

"And what a choice spirit. Ever solicitous, ever calm, never unamiable with the patients.

"But he toiled too hard—I had observed it many times. The whole day was devoted to his patients and at night he retired to his study to write. He was certainly making his name famous.

"However, I was anxious about his health. The dear boy sadly neglected himself, devoted too much attention to study as well as to the sick. He thought of his own well-being too little.

"One day I ventured to ask him a few questions.

"'Braun, are you continuing your treatment?'

"He started as if surprised in wrong-doing, reddened slightly, and replied:

"'I had many injections at the front, and then I had a blood test. The Wassermann is negative.'

"'Braun, my friend, don't rely on the Wassermann test. It is not conclusive. Continue the treatment.'

"He made no reply and seemed disconcerted.

"Perhaps my words had recalled experiences unspeak-

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ably sad, intolerable. The past was a closed volume which he did not desire to re-open.

"Meanwhile, year succeeded year; it was ten years since the distant infection and now Braun had become a successful surgeon—a surgeon *émérite*. But one day a slight incident occurred that congealed the blood in my veins. He was aiding me in an operation for fibroma; a seton got loose and blood spurted out—the vascular opening gaped before our eyes . . . and Braun was unable to deal with it. He was waving the haemostatic forceps in a state of perplexity, fumbling without finding what he sought.

"I glanced at him in astonishment; he blushed and seemed upset.

"Some days later I had an even more painful experience. I was at the window of the surgical pavilion when I saw Braun arrive. He was greatly agitated, gesticulating, and talking to himself. A little later I heard an unusual commotion in the ground-floor wards. I could hear Braun's voice quite distinctly, but it was strangely changed by anger. He was abusing the patients, scolding them incoherently.

"He caught sight of me, and I sought to calm him and conducted him into my study.

" 'Listen, old fellow, you need a rest. Take a few days' holiday.'

"But he turned his back on me and stalked out of the room, muttering rebelliously. He was no longer the faithful assistant, my respectful and devoted disciple. . . . I could no longer doubt. These were the early symptoms of brain paralysis.

"The next day Mrs. Braun, in a state of fear, came to see me. Her husband had assaulted her . . . it was a wonder he had not struck the child. He had risen in the night and

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rushed through the flat, calling out that he must drive away the evil spirits. He had turned the flat upside down; until a helpful neighbour had called the police, who removed him to an asylum.

"The poor woman pleaded with me to use every means, all the influence I possessed, to have Braun removed from that dreadful place and sent to a nursing-home.

"This was done. But at the nursing-home the trouble was renewed.

"An examination of his blood and rachidian liquid was made and the Wassermann test was proved positive. The antisyphilitic treatment was immediately adopted, but without success. It was too late.

"They tried malariotherapy, which induced a fever which endangered the patient's life. There was a slight improvement, then a relapse.

"We were in the depths of despair. I often went to see him, but these visits were exceedingly painful, horrible torture.

"Sometimes he failed to recognize me; occasionally he knew me, but the blanks in his memory were to me sadly significant.

"He suffered from illusions of persecution: everyone had conspired against him throughout his career; then they had forcibly immured him in this prison-house, where they wished him to die. Evil spirits haunted his room, and in order to protect himself from their machinations he had covered the walls with sacred emblems quite childish in conception, in order to frighten them away.

"This persisted for months, then insanity supervened.

"We had to watch the decline of this fine intellect, the disintegration of the splendid character of this once energetic

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operator, who had done so many good deeds and performed so many wonders of surgical science.

"Happily, a severe attack of pneumonia shortly afterwards supervened which proved fatal to Braun's enfeebled organism. Within a few days he died in delirium. He could not recognize his wife nor his little Mimina, the apple of his eye.

"But most constantly, right until the end, he had agitatedly raised his left hand, the index finger of which still carried that tiny white scar, the result of that puncture through which, in the course of his duty as a surgeon, had entered that atrocious microbe that had destroyed this prince of men.

"Oh Braun, my child! Mein lieber Sohn! . . ."

Professor Smidt, profoundly moved, could say no more. I withdrew in silence; I felt as if suffocated—I must have air.

I wandered through the streets and squares, trying to distract my mind from the tragic story, but without success. That harsh and sorrowful voice kept ringing in my ears:

"Oh Braun, my child! Mein lieber Sohn!"

And this distress seemed to submerge all, as the rising tide the shore, and rose relentlessly over many other martyrs of surgical science. . . . I thought of my father, dying from septicaemia—I seemed to see him stretched on his bed of pain and death, and in his lucid intervals commending to his wife the care of his children, the third of which he would never live to see!

I saw again the poor obstetrical scientist propelled in his wheeled conveyance to the amphitheatre, where alone he could master his grief and pain. . . .

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And all my other intimates stretched forth their mutilated hands . . . and I watched the long procession of the unhappy men, young and old, known and unknown, illustrious and obscure—all martyrs of the art of surgery.

We bow our heads before these heroic men; let us, too, prostrate ourselves and reverently place on their graves the martyr's meed of palm.

It is they who have exalted and ennobled the art of the surgeon.

Every cult has its saints; ever greater grow their numbers, ever more sublime their faith!

Thus surgery is not only "science and art divine," but sanctified by the blood of its martyrs, it is as divine as pure religion.

DIAGNOSIS

THE DOCTOR WHO SETS OUT TO TREAT A PATIENT MUST IN the first instance understand the nature of the pathological conditions he hopes to remedy: it is impossible to effect a cure without full knowledge of the malady. In order to obtain this information, the physician is constrained carefully to study and observe his patient.

Every disease, from its inception, discloses itself by certain structural and functional changes. These symptoms (*ta semeia*, as the Greeks called them—whence the term semeiology, which is used for the science which concerns itself with symptoms of disease) form the data on which the physician bases his opinion—that is, his diagnosis.

But the observation of these appearances or symptoms which constitute the first step, the foundation-stone of all subsequent reasoning, is not always easy. There are some very clear signs, almost self-evident. But there are other manifestations which only reveal themselves to a trained observer. And there are still others which can only be diagnosed with the aid of fine and delicate instruments.

Here is an example. An attack of appendicitis is indicated by pain, swelling, and changes in the blood. The pain is obvious, easily recognizable, even the patient himself can clearly describe it. The swelling is not always so apparent; occasionally it is very slight, and often, in order to detect it, the doctor must be gifted with an extreme delicacy of touch. The change of blood can only be detected by a very powerful microscope. The surgeon must become ac-

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quainted with all these symptoms, but their determination requires a peculiar practice, a special technique which long experience alone can provide to perfection.

The art of finding and appraising these several symptoms represents the first step in practical surgery. As the celebrated Alessandri noted, it is the key of the clinic, the base, the foundation of all surgery.

Semeiotics, the technique of deducing the nature of disease from its symptoms, is gaining an ever-growing importance in modern university schools. The University of Milan, despite many difficulties, has established a special chair in semeiology.

When I assumed the chair I was head surgeon in a large surgical department, which thus automatically became the clinic of surgical semeiology. But what alterations were necessary to convert this pavilion, rich enough in apparatus, but completely lacking in facilities for teaching, for its new rôle! There were no lecture halls and no laboratories. A real centre for surgical diagnosis was needed, but how could we obtain it?

I could only depend upon private munificence, but it did not fail me. I secured everything essential.

One day I was called to attend one of my cousins, who had been severely injured in an accident. He had broken one of his lower limbs and was confined to his bed for a considerable time. As is usual, he received a number of visits from friends, who came to keep him company, and from time to time I would stay and chat. One day the conversation turned on university education. I then dwelt on the many difficulties encountered in conducting my courses and the sad lack of a laboratory. I found appreciative auditors and, as I sowed, so later I reaped.

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Some few days afterwards my patient told me that one of his friends, having heard my fully justified complaint, had offered to furnish all that was necessary to initiate an up-to-date clinic: lecture rooms and well-equipped laboratory. The required sum was proffered with singular modesty and simplicity and quite spontaneously. I remember the donor's reproaches to me when the hospital committee, as is customary, made public his name and benefaction. We had to insist that the clinic bear the name of Enrico Borghi, for the generous giver desired to remain anonymous. He was concerned about one thing only—that the clinic should be truly serviceable to biological science and surgical training.

This is the inner history of an unrecorded page in semeiology, a splendid manifestation of the great human heart, which never fails in charitable deeds.

The school for surgical diagnosis has now been in operation for more than seven years.

The attempt to obtain a reliable diagnosis is then the base and the first principle of surgical treatment: it is the first step in therapeutics. It is that which exalts the operative art, which in the absence of clinical research would be little more than manual labour, not differing greatly from the activities of the barber-surgeons of old—a positive decline in an art which according to old Hippocrates could only triumph if transfigured by the delicate and inspiring touch of diagnosis.

But even the history of diagnosis has its drawbacks as well as its striking successes.

Diagnosis may easily prove a source of sorrow when it reveals to the patient that he is suffering from a disease that no human power can alleviate or overcome. And to

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the physician himself who is smitten, it may be deeply distressing.

Patients, lay patients, are usually sheltered from all knowledge of a highly unfavourable diagnosis, for the doctor takes every care to safeguard his patient: he will strain every nerve, tell any tale, to reassure the sadly sick. And the patient gratefully accepts the doctor's assurance of ultimate recovery even to the brink of eternity.

The surgeon also is sometimes compelled to practise the art of dissimulating; for the patient is easily persuaded that his illness is remediable: "long, wearisome, but curable."

There are none so blind as those who won't see.

But it is a very different matter when a doctor or a surgeon is himself seriously indisposed. Sometimes his self-deception is almost pathetic. I have known expert physicians who were almost infallible when making a patient's diagnosis, err gravely concerning themselves. They have been scholarly and experienced practitioners before whose critical examination the most elusive disease was inerrantly disclosed, yet when they themselves become ill, they cherish the grossest delusions.

I recall an instance of one of the most learned surgeons I have ever known. He was a colleague of mine and had won a very valuable prize, which enabled him to prosecute his studies abroad. After a long residence in foreign lands he returned with an operative technique so perfect that he soon gained general esteem. A short time afterwards the poor fellow was attacked by pulmonary tuberculosis. From the onset the symptoms of the fatal malady were unmistakable, but he had no suspicion of the truth. Not one of us, his colleagues, had the courage to enlighten him.

I verily believe that if we had placed irrefutable evidence

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before him he would have derided it; he would have suggested that we were conjuring phantoms of our imagination. And yet a simple microscopic examination of his sputum would have demonstrated the truth.

The poor sufferer actually had sufficient temerity to marry and beget children. By chance my good friend Lorini, of the old Obstetrical Station, was summoned to attend the consumptive's wife during her pregnancy, as she was in danger of uterine inertia. Lorini told me afterwards of the mournful impression he had received. Whilst he was actually using the forceps to assist into the world the unfortunate man's infant, he, the father, was suffering from acute fever. He was insisting then, as he always insisted, that he was ailing from *persistent malaria*, accompanied by daily fevers. But with patience and perseverance he would soon surmount it.

Nevertheless, it is not ever thus. As a matter of fact, the doctor is usually the first to admit the truth. The menacing spectre of an adverse diagnosis does not derange his strictly logical mind. It is only when he becomes convinced that he has been defeated that he resigns himself to the deepest regret.

My beloved friend and second father, Dr. Ferri, told me a very sad story. It concerned one of his very close colleagues, a surgeon with whom he had shared many professional difficulties and anxieties. He was one of the ablest obstetricians of the Station and was highly esteemed for his competence and promptitude. He had exhausted himself in alleviating the sufferings of others, but one sad day he discovered that he was threatened with graver danger than his patients, for a dire disease numbered his days. He had contracted pulmonary tuberculosis.

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For a brief period he had refused to credit this, but the adamant lens of the microscope had revealed the presence of Koch's bacilli. He persevered strenuously with the treatment, clinging to it as a drowning man clutches a straw. But the disease proved more potent than its remedy. There remained no hope, no sign of the possibility that he might recover.

One grey winter morning he gave way to despair and swallowed a tablet of potassium cyanide. He thought that his death would be immediate, but it was not so. Surprisingly, he vomited the poison; then he fainted, gasping for breath. As soon as the domestics discovered him in an unconscious condition they summoned his trusted friend.

"I hurried as quickly as I could," said Ferri, "for I had had a premonition for some months. I ascended the stairs four at a time and burst into his room, which reeked with the powerful odour of bitter almonds so characteristic of hydrocyanic acid. There lay my dear friend, his lips blue, his breathing scarcely perceptible, his eyes rolling, and a slight foam on his lips.

"I threw myself on the dying man and began vigorously to chafe his wrists, and tried my hardest to induce artificial respiration. I was nearly exhausted when, after about half an hour, he began to breathe normally and recovered consciousness.

"He opened his eyes and looked at me with astonishment, even with a kind of dread. He lived—he lived still. He seemed to say: Death is kind to me.

"I continued my treatment until he was quite out of danger.

"He looked at me steadily, strove to speak, but could

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not articulate a single word. Then he signed for me to come close and whispered these heart-breaking words:

“‘Attilio, my dear Attilio, I ought to thank you . . . but really must I thank you? You have been very good, but why?’

A violent fit of coughing shook his frame, and I raised his head on the pillows, for he seemed to be choking. Then he became a little calmer and went on:

“‘Yes, why have you saved me? I must now die a second time! Listen, Ferri, you know perfectly well that there is no hope for me. I made a careful diagnosis long since. Ah! that wretched diagnosis! If you knew how frequently I have envied the ignorant, those patients of ours who die without knowing anything!’

“‘He had another fit of coughing; I requested him to remain silent, to rest, to think about something else; but he was most anxious to speak, to confide in someone, to make confession. It almost seemed as if he was smitten by a slight remorse, and he went on in this delirious strain:

“‘Listen, Ferri, if you had a sick dog, condemned to death like me, wouldn’t you dispatch it for mercy’s sake? Why must I continue to live in this torture? What’s the use of all this suffering? I have no family. I am all alone. . . . Why, then, prolong this frightful agony? Attilio, my brother, why have you restored me?’

“Then he was unable to proceed any farther, and the trembling of his sepulchral voice ended in a fit of sobbing so fatiguing that he fell asleep. I watched him solicitously. When he awoke, he showed no effects of the toxin; he thanked me again and, to set my mind at rest, promised to make no further attempt on his life until he could walk and enter his own hospital.

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"Thus he showed courage to resume his labours. For several weeks I saw him arrive at his wards for the morning visitation, and I awaited his arrival with foreboding, not knowing how long the despairing life would linger. But one day he failed to appear. I waited some time for him, but in vain—then I hastened to his quarters. I opened the door of his apartment. The strong odour of bitter almonds again oppressed the atmosphere. I struck a light. He was reclining on his back, his face pale and composed. At last his torment was over. The fatal diagnosis would no longer pursue him during unending nights of insomnia! . . ."

When Ferri for the first time told me this painful story, I was shocked and gravely disconcerted. I had not known our unfortunate colleague personally, but it seemed to me that his spirit haunted the corridors of the Obstetrical Station.

During the long hours of waiting I thought that all his life had been sacrifice and self-denial. He had devoted himself entirely to his art, to the extent of exhaustion, to the moment of death and, when dying, had bequeathed his books, his instruments, and his savings to the beneficent institution. Thus, in reviewing this surgeon's life, everything seemed lofty and lovable, but I was profoundly moved by a suicidal act entirely the outcome of giant despair.

I recalled those words sounding through his sobs: "Ah! that diagnosis, that wretched diagnosis! But why go on existing in this misery? What's the use of this suffering?" In the causes of these anguished cries I tried to find some excuse for his despairing act. But I did not succeed in doing so, and the more I considered the problem, the grander I regarded the attitude of those who can look death in the face with firmness and resignation.

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Who does not remember, for an example, the noble end of Cardinal Ferrari, the Archbishop of Milan? I still remember vividly, after so many years, the impressions I received each day from my late lamented colleague, Michele Meda, who worked in my surgery. He had performed a tracheotomy on the holy man, because a terrible cancer had formed in his larynx, closing up the respiratory passages, and he told me that his patient was perfectly aware of the nature of his disease, and had requested the surgeon to tell him the precise truth. He *knew* that there was no prospect nor even possibility of restored health; and in the acute crises of the disease he even declined the soothing morphia, not wishing to lose consciousness during the concluding days of his earthly life.

He had but one desire: to see his penitents once more, confess them, and bless them in his customary manner. And the penitents passed before his cot in a long procession during his last weeks of agony, learning from him how to die.

But he possessed the inestimable benefit of faith, he was truly a saint. All his disciples were conscious of this, and his tomb on the nave side of the dome never lacks roses and violets.

We cannot claim, however, that all surgeons are likewise endowed with faith and charity, nor even sufficient patience to consign their sufferings to the care of God and decline the consolation of unconsciousness. But among medical sufferers from their own diagnosis, I remember a colleague who edified me by his example and affected me to the point of tears.

He had been my associate in my first hospital years; we made each other's acquaintance in the dreadful old Biumi

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ward—the retreat of all incurable cases: fetid gangrene, ulcerated cancers long past surgical treatment—the antechamber of hell.

He was a little older than I and had the standing of assistant while I was hardly an interne, although I assisted him every morning in dressing the most loathsome wounds, during which occupation it would have been an advantage to have been devoid of the sense of smell.

He attended the ailing people with meticulous care and attention; he cleansed them, disinfected them, cheered them; he even knew how to amuse them with some of the jokes in which his merry nature delighted.

When our daily toils were over and we departed from the infernal den, he would rub his hands and smoke a Virginian cigarette, of which he inhaled the smoke for the purpose of disinfecting the respiratory passages, as he said. Then he would crack a few jokes in order to release his mind from the depressing aspects of his occupation, as he explained with simplicity. Then we conversed.

“What do you think of those patients? Do you know what would cure them?”

“What do you mean?”

“A dose of lead!”

“Oh! . . .”

“Yes, a good dose of lead; the shots of a revolver!”

And he would laugh in an artless manner.

At a time when I was engaged in another ward, I lost sight of him for a long period. I knew that he had obtained good posts as surgeon in other clinics. He married and had two daughters. His friends learned that he had crowned his career by domestic felicity. But about thirty years later chance brought us together again in my laboratory.

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I rushed to meet him and greeted him cordially, but I soon discovered that there was nothing pleasant in the nature of his visit.

"Look, Majocchi, at this formation between the tongue and the jawbone; I have noticed it for some time; I have even given up smoking, but it won't disappear . . . and it distresses me. . . ."

I inserted my finger in the buccal cavity and shuddered. To the left, on the buccal wall, between the base of the tongue and the teeth, was a hard excrescence extending towards the pharynx.

How could I equivocate? How could I mislead him? I felt giddy and bolted into an adjoining room in order to wash my hands . . . and I remained there as long as possible.

When I returned to my patient I had somewhat recovered and made an excuse to gain time. I professed uncertainty, and decided to have his blood tested. He was put out:

"But I have never had syphilis, Majocchi, I have two healthy children. However, do what you think best."

Several days went by, during which my perplexity deprived me of sleep. I wondered what on earth could be done for my old friend. To operate was out of the question, as the cancer started from the bottom of the mouth and extended to the jawbone and the pharynx. An operation meant immediate death.

Some other remedy had to be adopted: radium, for instance. But in this event how could the afflicted surgeon be kept in ignorance? I determined to sound my radiologist.

"My friend," I said, "our colleague has cancer of the mouth, an accursed epithelioma that has already settled and spread; the case is beyond me; can you suggest anything?"

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The radiologist whistled. He said nothing for a time, then he answered in subdued tones, measuring his words:

"We are accustomed to these misfortunes, Majocchi; we are called in when you surgeons throw up the sponge. That is not what we like, you know; to come in at the last moment is equivalent to discrediting actinotherapy. At all events, we must do something, at least in a moral sense.

"On the other hand, I have sometimes had fair improvements with epithelioma of the buccal wall; in any case, palliatives. Bring the patient to me, and I will do what I can, and perhaps we shall be able to provide some amelioration!"

"Thanks, but what can we persuade him for the moment? I am afraid he doubts my diagnosis."

"You are right. Many others have ended in the same way. These doctors. . . . These diagnoses!"

He broke off, remained thoughtful a moment, and then went on:

"We must prevaricate. That's our profession! We will tell him it's a sort of inflammation. What? . . . without fever, without any pain. I have it . . . a rare growth, but not entirely unknown, actinomycosis or sporotrichosis. What do you think?"

I heaved a sigh of relief.

"Good! . . . But," I suggested timidly, "cannot actinomycosis be cured by radium? It does not make the glands swell, whereas cancer does. . . ."

"That's true, but that's a detail the patient might have forgotten; on the other hand, there is none blinder than the man who won't see. He will be reassured, and this will give us time to think of other expedients."

We shook hands on this. The next day I took my un-

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fortunate friend to the radiologist, and we described our treatment to him. The patient was sallow and concerned, but said nothing; he offered not the slightest objection. He received our instructions with docility, and the treatment was begun. I relinquished him entirely to the care of the radiologist and his assistants, and vanished from the scene for some time. I was useless; as a surgeon, I was utterly superfluous, and could not summon sufficient courage to visit him; but I inquired about him from time to time.

Meanwhile, the poor sufferer remained hopeful and composed. He submitted patiently to the treatment, and went about his daily avocations as if nothing were wrong. After several weeks the swelling seemed to subside; so much so I ventured to hope I had made an incorrect diagnosis, but the radiologist shook his head.

Two months later the glands of the neck commenced to swell. Then the radiologist discontinued his treatment and advised the patient to consent to an operation for the removal of the glands. This suggestion was not received with favour; at first the sufferer hesitated, then asked for time to consider the matter, and eventually refused.

The radiotherapy procedure was resumed and proceeded intermittently for several months, and the results were by no means negligible. But one evening the patient's wife telephoned to ask my advice. Her husband was always calm and uncomplaining, but she had noticed the swelling on his neck with alarm. He reassured both his wife and the children, and simulated perfect serenity and cheerfulness; nevertheless he was undoubtedly in pain, for on some nights he would start up in bed as if awakening from a frightful dream.

I knew not what to say; I inferred that the calamity was

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at hand; I felt that, in spite of our endeavours, the spectre suggested by the diagnosis was about to appear.

As a matter of fact, the trouble developed quickly. The cancer ulcerated and a loathsome stench emerged from the mouth; the patient was prostrated by agonizing pain and driven to resort to morphine. The cachexy became more severe, and strength diminished. The patient had now abandoned all labour, as he was now unable to rise from his bed. Yet he still maintained a stiff upper lip, reassuring and comforting his family.

One day his wife called me urgently over the telephone; she begged me to come immediately, as her husband desired to see me before evening.

I paid the visit, but with considerable trepidation. As soon as the invalid's room was entered, an odour assailed my nostrils; a well-known smell, the fetid stench of the old Biumi ward, the harbinger of mortality!

My old colleague was lying prostrate on the pillows. He was unrecognizable; his neck was enormously distended; his features terror-stricken.

He opened his eyes; he had sufficient courage to smile and motioned his wife to withdraw.

After a momentary hesitation, when we were left alone, he began to speak softly, almost in a whisper:

"Pardon me for troubling you, but I did not want to die without thanking you for what you have done for me. You have done your best, my dear old friend, to deceive me for my own good, but, in spite of all, you did not succeed. I diagnosed my disease from the very beginning."

He paused a moment to recover his breath, and then went on:

"You tried to make me believe my complaint was

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actinomycosis, but whenever did actinomycosis cause the glands to swell in this way?"

I shuddered; a cold perspiration gathered on my forehead; a searching question came to me. How had this afflicted man concealed his knowledge of his ailment?

He knew he was doomed, and had confessed to no one; he had a smile on his lips for all who approached him; he had never betrayed himself during all these months. It was too much. It was almost incredible and truly sublime.

"Yes," he continued. "I diagnosed the complaint before you did, and was inclined to make an end of things. You remember, Majocchi, when we were in the old Biumi ward and used to joke about the lead cure? I was strongly tempted, I can assure you, but I fought down the inducement. Yes, for the sake of my poor children. What would they have felt if I had committed self-murder? Who could have consoled them?"

He paused a moment. The thought of his daughters had deeply moved him; tears glistened on his emaciated and sallow cheeks. I was on the verge of sobbing myself; this agony was excruciating. But he still went on:

"And then I wished to tell you something else. I hardly know how to say it. Listen, Majocchi, we have passed many happy hours together; we have said many frivolous things, but, tell me, are you convinced that everything ends here? When you are in the presence of death, matters assume a different aspect. Just consider—and now give me my usual injection!"

I rose, washed my hands, and took the syringe. My hands trembled; I made a supreme effort and injected that little centigram of morphine which gave him some hours of respite.

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Slowly, very slowly, he fell asleep, and when I saw he was unconscious I arose and, on tiptoe, as softly as possible, I imprinted a tender kiss on that face that used to be so merry, and then I turned away.

When I reached the dark street I broke down. I had a fit of weeping, scalding tears that lacerated my heart, a sob which condensed all the agony, the bitterness, and the anguish of a surgeon's life.

Ah! the evil dream of the diagnosis!

CHAPTER XX

MELANCHOLY

*Quando malinconia
Batte del cor la porta.¹*

CARDUCCI

THE SURGEON IS COMMONLY REPUTED TO BE DEVOID OF conscience and religion. The public pictures him in his operating outfit, rubber apron, gloves more or less blood-stained, holding in his hands his surgical appliances: lancet, saw, pincers . . . instruments of torture.

In brief, he is a carver to whom sensibility is unknown, a man who by force of habit has become callously indifferent to the endurances of others. A materialist he must be, for he is constantly dealing in his laboratory with bodily structures, which he treats mechanically; a sceptic through mental training, a cynic in consequence.

The opinion which the public forms of the surgeon is, no doubt, exaggerated; but perhaps it is to some extent traditional; that is to say, it has been transmitted by ancestral prejudice, which dates back to a time when the operator was in reality a barber-surgeon, when he manipulated without the aid of anaesthetics, and when his conduct was characterized by acts that appeared callous and brutal.

But in truth the surgeon of our time has little resemblance to the operator of bygone generations, and does not merit his predecessors' ill-fame, although evil reputations linger long.

¹ "When melancholy knocks at the door of the heart."

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Wherever possible, the surgeon operates to cure, but sometimes he is compelled to remove bodily organs, and naturally enough he tends to develop a special psychology, since his thoughts become concentrated upon the anatomical constituents of his subject's organism. His studies and activities constrain him to reason somewhat as follows:

Life is the vital expression of the physical and chemical properties of the substances which constitute the tissues and cellular elements. Just as oxygen and hydrogen combine chemically to form water, and in thus combining expend a given quantity of energy, so, in the formation of tissues, there occur within the protoplasm extremely complex chemical reactions, and physical changes co-operate to produce that form of energy which we term life. Consequently, life is nothing more than the combination of a certain aggregate of chemical reactions towards physical phenomena. It manifests itself to the degree that the substances which compose the human body permit; it becomes quiescent and dissolves when its reagents are exhausted. This constitutes death.

The surgeon is therefore led to view vitality as a purely natural phenomenon, and his attitude is useful in the sense that he restores to our bodily structures the normal functions that a serious disease or wound has dislocated.

In a word, the surgeon is driven to consider himself the *mechanician* of the human body. He is to man's bodily framework what a skilled mechanic is to an engine.

The mechanic repairs or adjusts the spokes of a wheel that is deranged; the surgeon unites the splinters of a broken bone; he joins them together by means of suitable appliances and, if necessary, he unites them with sutures. Thus he restores the continuity of the bone, so that it can

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function once more. If the vitality of an organ is lessened, for instance by a defect of circulation, the surgeon strives to remove the obstruction so as to afford the organ a better supply of nutrition.

Take a very familiar example. A section of the intestine has escaped from the abdominal region and found lodgment in a hernial sac; the neck of the sac or rather the base of the hernia presses on the viscera and impedes the circulation. The blood no longer flows freely in the intestinal loop and does not convey to it the supply of nutritive materials essential to the healthy life of the organ. Such is the case of strangulated hernias, and the ruptured intestine, condemned to gangrene, would probably involve the death of the entire organism.

But the surgeon intervenes; he removes this dangerous maladjustment and thus enables the blood to irrigate the tissues that were putrefying and perishing. Thus he brings about the healthy restoration of an organ. The structure previously incapacitated is visibly restored, because he has induced the return of normal nutrition; that is to say, the re-establishment of those physical and chemical processes which constitute the very essence of vitality.

Not only do these physical and chemical phenomena furnish us with an explanation of life, but they also enable us to understand the most elusive functionings: intestinal digestion, for instance, which is really the sum total of movements (peristaltic, antiperistaltic, etc.) and of chemical reactions to which the reagents secreted by the organism itself (hydrochloric acid, pepsin, etc.) are contributory. It is the same with respiration, circulation, and all the other physiological phenomena.

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The surgeon is accustomed to consider an organ dead when the conditions necessary to its functionings no longer exist. The physiologist, on the other hand, is able to keep alive various parts of an organism by introducing artificial conditions which resemble natural ones. It is well known that life can be maintained in the decapitated head of a dog by injecting blood into the carotid (Brown Sequard), and that its glycogenic function can be maintained when the liver is removed from the body and placed in artificially prepared conditions (Claude Bernard).

When I was at the Rockefeller Institute for Medical Research I frequently witnessed the strange and astonishing experiments conducted by Carrel, who amputated various organs of animals—ears, kidneys, and limbs—kept them in special liquids for some time, then joined blood vessels and nerves, and grafted them on other animals, where they continued to live and grow.

Not only does the surgeon see the activities of organic structures changed or imperilled by their morbid conditions, but he also notes the derangements of the nervous system, which by virtue of the remarkable delicacy of its operations would seem to lie outside the realm of matter. A word about the nervous system.

During the war I saw some very remarkable things. I have already mentioned the soldier who was wounded in the frontoparietal region and had lost the power of speech; he could articulate one word only, the name of his native place. Men injured in the occipital area became completely blind, while the visual organs themselves remained perfectly intact. Numerous indeed were the cases of men with head wounds who became incapable of speech or, more extraordinary still, were afflicted with total loss of memory.

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Yet, occasionally, these faculties were restored by means of surgical treatment.

Epilepsy supervening on a wound in the head is a common occurrence, and is often accompanied by a startling transformation of character or conduct in the individual. Valiant soldiers, affectionate fathers, merry companions have lost their earlier equanimity and become violent, unreliable, and even criminal, in consequence of a blow on the cranium. I must add, however, that as a result of some surgical operations not only have I frequently cured epilepsy, but I have also improved the patient's character and conduct.

Much more serious are the moral derangements arising from morbid changes in the glands of internal secretion—that is to say, the endocrine glands.

From the most ancient times physicians have observed that changes in character are associated with injury to the testicles, especially if these accidents occurred before the age of puberty, while the mental troubles arising from the suppression of the ovaries are still more familiar to surgeons.

An increase in the secretion of the thyroid gland (hyperthyroidism) produces marked modifications of character, while the surgeon who operates on the neck knows by experience that a diminution or, worse still, a suppression of the gland or of its function, induces a loss of intelligence and of will power (strumiprivic cachexy and cretinism).

It is unnecessary to repeat that the surgeon who is constantly observing phenomena of this kind, and thus becomes acquainted with these different manifestations, almost insensibly persuades himself that life, and therefore mind and spirit, are only manifestations of matter, and that without matter—that is to say, without brain or body—in a

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condition of vitality, there could be little prospect of survival after death.

And if, beyond his immediate practice, the surgeon should engage in experimental research, his scepticism is confirmed. When conducting the customary experiments on dogs we meet with such striking homologues or correspondences with human structure and function as to prompt the idea that the lives and deaths of the lower animals differ from man's merely in degree and not in kind.

In the light of such facts, any inquiry as to the immortality of the soul is immediately countered by the question: what about the lower animals?

Thus you will often encounter surgeons, particularly among the youthful ones, who are indifferent towards the most subtle metaphysical problems, who shrug their shoulders with a sceptical smile. It must be frankly admitted that surgical science and operatory practice are not calculated to incline the mind to metaphysical theories or beliefs. Far from that.

And yet in the course of my career I have met with some astonishing and truly remarkable changes.

I have known surgeons of great attainments, men of profound learning, whose good faith is above suspicion, who have completely changed their beliefs. Materialists during most of their lives, they have become believers in their latter days.

I do not know precisely what were the youthful opinions of Eduardo Porro (the famous obstetrician and gynaecologist), but it is certain that his testament is a tribute to faith, of belief in God and in the immortality of the soul.

Some passages from this document are impressive:

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"My belief in God never weakened as my life drew towards its close; the idea of the future life was ever in my thoughts. Those who allege that science implies materialism deceive themselves. . . ."

For many years I never lost touch with my first and famous master, Luigi Mangiagalli, and I remained on very friendly terms with him, which enabled me to ascertain his intimate scientific and moral convictions. I well remember our walks together on the hills of Premeno, in the peace of the countryside, where, released from his customary labours, he became more accessible and affable.

This great surgeon then (1905) gave utterance to materialistic convictions of the most dogmatic character. When he died—almost suddenly—I was one of the first to rush to his bedside, and I learnt that in his last moments he had summoned a priest. As this seemed absurd in the light of his sceptical antecedents, I inquired of Dr. Pezzi, who had been present right to the end, and I obtained the fullest confirmation of this request.

Another highly respected master, whose memory lingers with me yet, modified his spiritual beliefs in the last year of his life. I refer to Attilio Ferri, a man of fine intelligence and a benefactor of suffering humanity. I was Ferri's friend, and he confided to me his most secret thoughts. We had many animated discussions on biology, physiology, and metaphysics, in the course of which he expressed his materialistic convictions. He did not believe in the immortality of the soul; he rejected the theory of any future state. But in the concluding years of his life I was surprised to find his beliefs undergoing gradual modification, so much so that on the eve of his death he desired the consolations of religion.

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What shall I say of my old friend, Baldo Rossi, the eminent Rector of the Royal University of Milan, who, after an active career of surgical service, intimated at the close of his life that he "wanted to die in the faith of his mother"? And what shall I say of many other colleagues of mine who travelled the same road?

Fear? Weakness? Senility? Perhaps, but they cannot explain everything, nor are they the only reasons.

Dr. Porro was not suffering from softening of the brain when he indited his last confession of faith, for he died while yet young and was in complete command of his mental powers. Senator Mangiagalli was perfectly sane when he suddenly expired at three o'clock in the afternoon, after attending at two o'clock a meeting of the Milan Rotary Club, where he proposed a toast in a speech which was a model of wit, of clarity, of eloquence, and scientific culture. I could say as much about Dr. Ferri and of Professor Baldo Rossi, who, a few days before his death, was present at the Bari Congress, where he had not only made long speeches in debate, but was also requested to open an important discussion in the coming year.

It could not therefore be a simple matter of senility.

Could it be fear, then?

The persons concerned never presented any sign of cowardice to me. It may, however, be contended that with advancing years a certain psychical change occurs which causes such themes to be considered from another point of view.

"The notion," said Brofferio, "that we shall never greet again our loved ones, that we ourselves will no longer exist, that we shall never more enjoy the sun or the flowers,

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that others will forget us, that all our work is futile . . . is, of course, a notion that does not trouble young people but which gradually finds lodgment in the minds of older ones, and which would become intolerable if the deceptiveness of Nature did not give birth to a new hope. . . .”

Let us then admit the deceptiveness of Nature.

Still, it may be that the foundations of faith, to the surgeon, are distinctly different, but nevertheless secure. Be it observed that the surgeon spends his whole life with the afflicted. The misfortunes of his kind encompass him, torture, and haunt him incessantly.

“You are inured to the suffering of others,” our patients remark. Alas! that may be true in appearance, but it is false in fact.

“*Cirusicus immisericors esse debet*,” the ancients used to say; in other words, the surgeon should steel himself against the endurances of others, harden his heart so as to persist in his task without breaking down. He must be strong so that his wrist may not tremble, frigid so that he be not weakened by emotion, calm and cautious so as never to lose interest in his patient and the course he has set himself to pursue.

But when the operation is over, the mask falls from his face. He becomes human once more, with a heart that sympathizes with others. When the disease is too much for his science, when he is forced to watch the suffering without being able to afford relief, then he experiences excruciating pain and distress.

Oh! those incurable maladies! Those wards crowded with sufferers from tubercular bones, a disease which seems to revel in the destruction of one bone after another through its victim’s whole wretched life; those cases of

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Pott's disease with abscesses running from the vertebrae towards the pelvis and loins, while the vertebrae themselves become deranged and deform the backbone, put pressure on the spinal nerves, inducing paresis, paralysis, and, as a rule, agonizing pains!

And those cancer institutes, congested with miserable patients! Cancerous sores of the thorax, tumours of the breasts with recurrent relapses, erosion and destruction of the cheeks and tongue by malignant growths defiant of every operation or radium remedy!

But the most heartrending of all these infirmities are the derangements (mostly chronic) of the nervous system, which fill the neurological institutes or the asylums, where the surgeon is sometimes summoned to render his assistance.

It is amidst suffering such as this that the operator spends his weary days and sadly concludes that there is more evil than good in life; that sorrows far outnumber joys, and that humanity is destined to suffering. There is no need for astonishment if he is apt to wonder:

"Why is there so much misery? What is the reason for all this suffering?"

Another anomaly which puzzles the surgeon in the exercise of his profession is the injustice which he observes in the distribution of physical good and evil. Within the same circle, even in the same family, one meets the rich heritor and the meanly disinherited from the standpoint of health.

I vividly remember one case, among many others, which I observed from beginning to end, as it occurred in the family of one of my friends and was one that lacerated my heart. A comely, charming, and intelligent young girl

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developed a malignant tumour in her right knee when twenty years of age. I operated upon her in my clinic, but unhappily the trouble returned, and after a year's acute suffering my patient died.

In spite of all our secretive methods, this intelligent girl divined the truth; she compared her constant suffering with the splendid health of her sisters and friends. By a curious coincidence, in the nursing-home an attachment sprang up between one of her sisters and my assistant, then a doctor attached to the clinic. While this love affair was in progress the poor invalid became aware of her danger and foresaw her end.

The contrast was heartrending, yet this young girl rejoiced in her sister's happiness, and during that sad year of agony never uttered a word of impatience or despair.

The surgeon often encounters anomalies of this nature; so perhaps it is not surprising if in the end he may doubt whether everything terminates with death, and perhaps hopes that there is another existence where these inequities are remedied. He does not know how or where we may live again, as science is completely silent on the subject, but he is torn between his emotions and his intellect.

But what glaring contrasts, what perplexities of every conceivable character, may arise in the course of one human life!

Is not the legislator who has to enact laws to encourage or restrain his fellow countrymen faced with a similar problem? It is assumed, of course, that both reward and punishment are dependent upon human power of choice, which means that virtue and vice have no meaning apart from free will.

Now the existence of free will is disputed by many

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scientists, who by virtue of the law of causality find that conduct is always pre-ordained, and is entirely dependent on antecedent causation.

Consequently, the surgeon, like the legislator, hesitates between the claims of reason—that is to say, of science—and those of the heart—that is to say, of ethics.

When reason operates (as happens with the young) materialism, scepticism, and incredulity prove victorious.

When the emotions predominate (as happens in later life) metaphysical beliefs gain the upper hand.

When the public is told of the wonderful conversion of a scoundrel, it says that "God has touched his heart," which is perfectly true. It is certainly the heart that God has touched; there is no influence on the intellect.

Will this painful conflict between the emotions and the intellect ever cease? From the standpoint of science alone no definite answer is forthcoming, but speaking for myself I do not think so. It would be necessary for biology to demonstrate not merely the existence, but also the immortality of the soul.

Moreover, I do not consider that this would be desirable. If human immortality became a mathematical truth, instead of a tender aspiration reposing on faith, even the practice of virtue would become a matter of business, and probably the most successful form of investment.

And Brofferio was not wrong when he said that virtue was no longer lovable, because true and lovable virtue is that of the lady in the English legend who damned her own soul to save the souls of all the people in her village.

EPILOGUE

*E giunta sul pendio
Precipita l'età. . . .¹*

PARINI

I HAVE FINISHED WRITING THESE MEMOIRS WHILE YET IN the afternoon of my surgical life, after which comes sunset.

The sunset of life gives rise to sad reflections, to which one must perforce resign himself. Whenever I pause to think of it, the passage of time appears incredible. Why, it seems only yesterday that I passed my examinations, and physically I feel the man I was thirty years ago, with the same activity, unimpaired intellectual alertness, and excellent health.

It is true that when I look into the mirror I discover a few grey hairs and wrinkles; it is also true that after a hard day at the operating table I feel at times almost exhausted, and need a little rest. I feel like a traveller who has gone a long journey, covered a great distance.

However, when I take a short holiday I always return as energetic as of yore and itching to be at work again. But how long will this stern life of struggle and abnegation last?

"Sixty, yes, sixty," Mangiagalli used to say when he was fifty. He was referring to his irrevocable decision to retire when he reached that age. But when he passed his sixtieth year he said "Seventy." When he was seventy he was amazed at being pensioned off, as it did not seem quite right to give up his teaching in the university. When he

¹ "In life's decline years count double."

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died at the age of seventy-eight he was actually at the height of his professional activities. He had a sudden heart attack one afternoon, although that very morning he operated in his private hospital.

A few years ago I said jokingly to my assistants that I would retire when I could no longer thread an intestinal needle with the finest surgical silk. Well, I am still threading my needles with the greatest of ease, without spectacles, you understand.

And besides, if I were to retire, what would I do?

Would it be right in the fullness of my physical powers to refuse to work, for the sake of rest and idleness?

For if it is true that the operator's daring wanes with age, it is also true that the inestimable treasure of experience increases in the same proportion.

Thus the capacity for surgical treatment increases with the years. Numerous are the patients whom I now succeed in saving who in earlier years might have passed into death.

What novel expedients I owe to my unremitting toil, what *cheats* are suggested to me by my constant practice of surgery? Nevertheless, the day will come when these aptitudes, developed by experience, will seriously decline, with the enfeeblement of the senses and the loss of manipulatory power. But I trust that this day is still far away, and that God will delay its dawning.

What a boon work is for an ageing man! It is the pastime, the pleasure, even the justification of existence. When I prescribe, when I study and operate on my patients, I become young again, I forget all my preoccupations, I savour life again!

Whenever I am idle, I feel disconsolate and bored. A

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thousand sombre thoughts invade my mind, and a gloom descends on me like a pall.

It is the melancholy of a man who has travelled a long and arduous road, who has toiled up a steep mountain side, who has left torn pieces of flesh at every turn in the path, who has shed many illusions, who has experienced many disappointments.

Sometimes in moments of idleness I glance behind me to review the road I have journeyed over, and a homesickness of long past years steals over my senses. Strange visions haunt me—unimportant events and trivial details that I had apparently long forgotten.

In this way I sometimes see the little country church where I attended Mass with my grandmother during the autumn holidays, and still I hear the organ pealing through the nave . . . sweet melodies which would plunge me into a state of bliss, which would transport me to Paradise, so to speak.

And my mother's kisses when I came home with good reports, and how engrossed I was in my first youthful studies! Later came my admiration for the professors of surgery; the operating theatre of Pavia, crowded with rapt and silent students, and the eager attention shown when the demi-god Bottini arrived! And the wonderful operatory performances which were given in the presence of enthralled spectators in an atmosphere charged with the odours of chloroform, phenic acid, and other disinfectants. And the discouragements and disappointments I suffered at the outset of my career. How crushed I felt when I failed to secure the first position on which I set my heart!

And the earliest results of my hospital career, and the long list of examinations which passed me through the various

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grades until I became professor, and then there was the winning of the Parravicini prize and my long sojourn abroad, the war, and finally . . .

What exertion, what research, what labour! And what envy, what ill will, what hostility! What a desperate struggle for life and for securing a position! All these trials have been so absorbing that, almost without realizing it, I have attained the summit of my career, the culminating period of my life. And what now?

Now that I have triumphed, it only remains to await the economic term, which is my retiring pension, and the physiological term, which is death.

Death! This prospect often appals me. How could it be otherwise when I am reminded of it day by day in the hospital wards, the nursing-homes, in my professional labours?

How can I disregard it, when every season robs me of some contemporary, some companion, or some pupil?

My old friend Casingo I shall never see again, a surgeon who was a host in himself at all our banquets. Another year it was Besta, then Sacconaghi, and so many others who shared my aspirations and my academic experiences.

The shadow of death accompanies and haunts me; it disappears during hours of work, only to return in moments of idleness. But who is there who does not meditate on death?

"I have no thought on which death is not engraved," wrote Michelangelo to Vasari. In quoting these words, Axel Munthe adds that they make one afraid.

This is so true that the most pessimistic among authors, those who cursed life and invoked death as the sole liberator,

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showed a clean pair of heels whenever they caught sight of it. Leopardi fled from Naples when the cholera broke out. Montaigne vanished from Bordeaux like lightning before the plague. And Schopenhauer would never hear death mentioned, after clearly demonstrating in all his books that life is an evil and death our only boon.

To doctors death is a personal enemy. All our work, all our activity is designed to combat it, to ward it off, to snatch some unfortunate from its grasp. And what joy, what immense satisfaction we feel when this sublime end is achieved!

Yet by dint of facing death, by dint of fighting death and repelling it, I often find myself pondering over another problem, graver still: what is the purpose of life?

What is the why and wherefore of so much strife, what is the use of so much suffering, whither tends the incessant striving of man, of the human species, of the universe? A painful problem, indeed, bristling with difficulties, which is beyond the capacity of the surgeon, of the physician, and even the biologist.

It is a problem, however, which obsessed me during the halcyon days of my philosophical studies. All my life I have been dwelling on it, but in vain.

It may be that all the labours of man are leading to economic progress, to social perfection, to a perfect political State. It may be that the evolution of the human race, as a result of countless adaptations and improvements, will produce a perfect type of humanity: the superman.

But this superman, physically and intellectually complete, living in an environment that is socially and economically perfect, will nevertheless be doomed to die, and no surgeon, no operation will ever avail to confer upon him immortality.

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For what purpose therefore ?

But in this baffling labyrinth, in the painful search after truth, a tender memory clings to me and is as balm to my tortured heart.

I was still a child, nestling on my mother's knee, when I used to ask her: "Mother, why do we come into the world?" And I can still hear her pious words: "We come into the world to know and love God and serve Him in this life, so as to glorify Him and be happy in the life to come."

It seems to me that this is the *word*, the solution, the oracle which subsumes all the wisdom of the world.

And I understand at last why my dear friend Baldo Rossi, the famous Rector of Milan University, after sixty years of study, of research, and stupendous toil, wanted to return to the faith of the pious and simple countrywoman, his mother. And why Fradeletto, after a lifetime of proud intellectual and emotional peregrinations, ended his noble life exclaiming: "Return to Christ!"

I understand at last why the Divine Prophet sought the humble, the meek, and the poor in spirit!

So many times I meditate upon those simple words and ask myself whether in my stormy existence I have fulfilled those saintly precepts. It seems to me that to know and love God is the most enjoyable duty of man.

Who does not admire Him in the splendid beauties of the Universe? Who does not remain in ecstasy before the wondrous splendour of Nature?

"*Pleni sunt coeli et terra gloria tua!*" cried the rapt Psalmist; and the surgeon can well utter the same phrase in seeking the divine handiwork and finding it in the admirable structures of the human body, in the perfection of its limbs,

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visceral organs, and its tissues. No biologist has succeeded in explaining this perfection.

Consequently, it is easy to apprehend God and to love Him, but it is more difficult to serve Him. For if any of us, who have attained maturity, stops to consider his past deeds, he can only feel a sense of discouragement. None has served God as he ought to have done; some fault or other can be imputed to us all.

Whenever I recall my labours as a surgeon, I always remember numerous instances in which I might have done better.

So nothing remains for me but to increase my good deeds in the last years of sentience that are granted to me, and when I have reached the goal I shall still have the supreme hope of being able to glorify God. And then on my dying lips will tremble in a final sigh the words I have carved on my mother's tombstone:

In te, Domine, speravi, non confundar in aeternum!



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